

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 727354**

1. Entity Name

**KEY BISCAYNE ONE HUNDRED CONDOMINIUM ASSOCIATION**

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90010 020 \*\*\*\*61.25

Principal Place of Business <b>100 OCEAN LANE DRIVE #104 KEY BISCAYNE FL 33149</b>	Mailing Address <b>100 OCEAN LANE DRIVE #104 KEY BISCAYNE FL 33149-1415</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1521879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CASSADY, DONALD G**  
**100 OCEAN LANE DR, #403**  
**KEY BISCAYNE FL 33149**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	---	--

**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>DE ONA, JORGE A.</b>	
STREET ADDRESS <b>100 OCEAN LN DR. PH-2</b>	
CITY-ST-ZIP <b>KEY BISCAYNE FL</b>	
TITLE <b>DST</b>	<input type="checkbox"/> Delete
NAME <b>CASSADY, DON</b>	
STREET ADDRESS <b>100 OCEAN LN DR. #403</b>	
CITY-ST-ZIP <b>KEY BISCAYNE FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>ALEXANDER-ROMANACH</b>	
STREET ADDRESS <b>100 OCEAN LN DR. #305</b>	
CITY-ST-ZIP <b>KEY BISCAYNE FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald G. Cassidy Date: 2/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)