

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742001

1. Entity Name

CAPTAIN'S KEY PROPERTY OWNERS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90201 039 ****61.25

Principal Place of Business

Mailing Address

% 12127 CAPTAINS LANDING
NORTH PALM BEACH FL 33408

12127 CAPTAINS LANDING
N. PALM BEACH FL 33408-2503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0051919

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BANISTER, JOHN
12127 CAPTAINS LANDING
N. PALM BEACH FL 33408

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BANISTER, JOHN
STREET ADDRESS 12127 CAPTAINS LANDING
CITY-ST-ZIP N PALM BCH FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME GRITZ, MAUREEN
STREET ADDRESS 12132 CAPTAINS LANDING
CITY-ST-ZIP N PALM BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME NARCEE, JON
STREET ADDRESS 12124 CAPTAINS LANDING
CITY-ST-ZIP N PALM BCH FL 33408

TITLE Acting T ☒ Change ☐ Addition
NAME John R. Banister
STREET ADDRESS 12127 Captains Landing, N. Palm Bch, FL 33408
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HARMON, KEN
STREET ADDRESS 12071 CAPTAINS LANDING
CITY-ST-ZIP N PALM BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED John R. Banister

1/17/2000

561 665-7776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)