

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744178

1. Entity Name

KEY WEST BUSINESS GUILD, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

04-18-2000 90198 028 ****61.25

Principal Place of Business

Mailing Address

728 DUVAL ST
 KEY WEST FL 33040

P.O. BOX 1208
 KEY WEST FL 33041-1208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1931515

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

SMITH, WAYNE LARUE
 317 WHITEHEAD ST
 KEY WEST FL 33040

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 <input checked="" type="checkbox"/>	VD	<input type="checkbox"/> Delete
NAME	HENRY, KENT	
STREET ADDRESS	806 DUVAL ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE <input checked="" type="checkbox"/>	TD	<input type="checkbox"/> Delete
NAME	MURRELL, ROBERT	
STREET ADDRESS	1201 SIMONTON ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE <input checked="" type="checkbox"/>	PD	<input checked="" type="checkbox"/> Delete
NAME	BERKOWITZ, BRUCE	
STREET ADDRESS	1210 PINE STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE <input checked="" type="checkbox"/>	SD	<input type="checkbox"/> Delete
NAME	ADAMS, JOHN	
STREET ADDRESS	1414 NEWTON ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE <input checked="" type="checkbox"/>	President	<input checked="" 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 checked="" type="checkbox"/>	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen Coleman	
STREET ADDRESS	418-A Appelfrouth Lane	
CITY-ST-ZIP	Key West, FL 33040	
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 670, 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: *John Adams*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)