2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # J78193 Mar 06, 2000 8:00 am 1. Entity Name **Secretary of State** BOYD'S KEY WEST CAMPGROUND, INC. 03-06-2000 90027 006 ***150.00 Principal Place of Business Mailing Address % ROBERT JONES % ROBERT JONES 6401 MALONEY AVE 6401 MALONEY AVE KEY WEST FL 33040 KEY WEST FL 33040-6002 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2820332 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent JONES, ROBERT Street Address (P.O. Box Number is Not Acceptable) 6401 MALONEY AVE KEY WEST FL 33040 Zip Code FL 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. 为40年,1月日本2011年。 SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE TITLE □ Delete NAME HAMILTON, BOYD N. STREET ADDRESS STREET ADDRESS 6401 MALONEY AVE CITY-ST-ZIP CITY-ST-ZIF KEY WEST FL Addition ☐ Delete TITLE Change TITLE NAME NAME HAMILTON, ELSIE M. STREET ADDRESS STREET ADDRESS 6401 MALONEY AVE CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME HAMILTON, DANIEL STREET ADDRESS STREET ADDRESS 6901 MALONEY AVE CITY-ST-ZIP CITY-ST-7IP KEY WEST FL ☐ Addition TITLE Delete NAME NAME HAMILTON, ANDY STREET ADDRESS STREET ADDRESS 6401 MALONEY AVE CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME JONES, LYNN HAMILTON STREET ADDRESS STREET ADDRESS 6401 MALONEY AVE CITY-ST-ZIP CITY-ST-7IP KEY WEST FL ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME HAMILTON, HENRY STREET ADDRESS STREET ADDRESS 6401 MALONEY AVE CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.