

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90040 011 ***150.00

DOCUMENT # K37561

1. Entity Name
COCONUT BEACH MANAGEMENT COMPANY

Principal Place of Business 506 FLEMING ST KEY WEST FL 33040 US	Mailing Address 506 FLEMING ST SUITE B-7 KEY WEST FL 33040 US
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80099640



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0134975		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SPOTTSWOOD, JOHN M., JR 500 FLEMING 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input type="checkbox"/> Delete SPOTTSWOOD, WILLIAM B.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 FLEMING ST	NAME	
STREET ADDRESS	KEY WEST FL 33040	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> Delete SPOTTSWOOD, ROBERT A.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	506 FLEMING ST	NAME	
STREET ADDRESS	KEY WEST FL 33040	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete SPOTTSWOOD, JR., JOHN M.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500 FLEMING ST	NAME	
STREET ADDRESS	KEY WEST FL 33040	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete SPOTTSWOOD-SIMS, FLORENCE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	506 FLEMING ST	NAME	
STREET ADDRESS	KEY WEST FL 33040	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete HRAY, KAREN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	506 FLEMING STREET	NAME	
STREET ADDRESS	KEY WEST FL 33040	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* Date: 4/25/02 Daytime Phone #: 305-294-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)