## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Sep 11, 2000 8:00 am Secretary of State **DOCUMENT # N08000009343** NORTH KEY LARGO UTILITY CORP. 09-11-2000 90001 047 \*\*\*550.00 Mailing Address Principal Place of Business 100 ANCHOR DRIVE 100 ANCHOR DRIVE SUITE 512 **SUITE 512** A0075704 KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address 24 Dockside Ln. #512 24 Dockside Ln. #512 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0545336 Key Largo, FL Key Largo, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33037 33037 Monroe Monroe Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JENKINS, JOHN R P.A. Street Address (P.O. Box Number is Not Acceptable) **ROSE, SUNDSTROM & BENTLEY** 2548 BLAIRSTONE PINES DR. TALLAHASSEE FL 32301 Zip Code City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITI F GOLDSTEIN, ALAN J NAME NAME STREET ADDRESS STREET ADDRESS 5 CARD SOUND POINT CITY-ST-7IP CITY-ST-ZIP KEY LARGO FL 33037 X Change \_ Addition -Robert McClements, Jr. 📈 Delete TITI F SHUMWAY, FRANK NAME NAME 31 Cardinal Lane STREET ADDRESS STREET ADDRESS 58 TARPON LN. Key Largo, FL 33037 CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Addition ☐ Change ☐ Delete TITLE TITLE D DISABITINO, EUGENE NAME NAME E. Roe Stamps, IV STREET ADDRESS 24 THATCHPALM WAY STREET ADDRESS 07 Osprey Lin CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Key Largo, FL 33037 ☐ Change ☐ Addition TITLE **√** Delete TITLE BERREY, ROBERT M NAME NAME STREET ADDRESS 31 OCEAN REEF DR., #C300 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP KEY LARGO FL 33037 ☐ Change X Addition □ Delete TIDE TITLE DAWSON, RUTH NAME NAME Alexander J. Voql STREET ADDRESS 65 TARPON LN. STREET ADDRESS 22 Sunset Cay Rd. CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Key Largo, FL 33037 Addition ☐ Delete TITLE ☐ Change 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.

AME OF GNING OFFICER OR DIRECTOR

FILED

Daytime Phone #