

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22123

1. Entity Name

THE TRUMAN ANNEX MASTER PROPERTY OWNERS' ASSOCIA

Principal Place of Business

201 FRONT STREET
SUITE 103
KEY WEST FL 33040
US

Mailing Address

201 FRONT STREET
SUITE 103
KEY WEST FL 33040-8346
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERLING, CHRISTIAN
201 FRONT STREET
SUITE 103
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 PD ☐ Delete
NAME PFENT, DAVE
STREET ADDRESS 512 NOAH LANE
CITY-ST-ZIP KEY WEST FL 33040

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

TITLE VD ☐ Delete
NAME HURLOCK, ANN
STREET ADDRESS 5308 TILBURY WAY
CITY-ST-ZIP BALTIMORE MD 21212

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

TITLE SD ☒ Delete
NAME PETERSON, RAY
STREET ADDRESS 508 PORTER LANE
CITY-ST-ZIP KEY WEST FL 33040

TITLE P/D ☐ Change ☒ Addition
NAME TOM TUKEY
STREET ADDRESS 58 FRONT ST.
CITY-ST-ZIP KEY WEST, FL 33040

TITLE TD ☐ Delete
NAME KLINE, LARRY
STREET ADDRESS 503 NOAH LANE
CITY-ST-ZIP KEY WEST FL 33040

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

TITLE D ☒ Delete
NAME MACKENIZE, PAM
STREET ADDRESS 510 NOAH LANE
CITY-ST-ZIP KEY WEST FL 33040

TITLE V/D ☐ Change ☒ Addition
NAME BILL CARTLEDGE
STREET ADDRESS 208 53RD ST.
CITY-ST-ZIP VIRGINIA BEACH, VA 23451

TITLE D ☐ Delete
NAME WICKMAN, FRED
STREET ADDRESS 500 NOAH LANE
CITY-ST-ZIP KEY WEST FL 33040

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90070 006 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0069401 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/99)