

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90176 018 ****61.25

DOCUMENT # N93000005673

1. Entity Name
MIDDLE KEYS MARINE ASSOCIATION, INC.



Principal Place of Business
**700 39TH ST., OCEAN
MARATHON FL 33050**

Mailing Address
**PO BOX 501806
MARATHON FL 33050-1806
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0450581**

Applied For

Not Applicable

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

**MILLER, ROBERT K
2975 OVERSEAS HWY
MARATHON FL 33050**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOSSERT, SHARON 700 39TH ST., GULF MARATHON FL 33050	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKER, SUZE 921 51ST ST GULF MARATHON FL 33050	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAVANAUGH, CATHY 61 COCO PLUM DRIVE MARATHON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLINE, BERNICE 1410 OCEANVIEW AVE. MARATHON FL 33050	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPELT, JOAN 10701 5TH AVE., GULF MARATHON FL 33050	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, JOHN 700 39TH ST., GULF MARATHON FL 33050	☐ Delete

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

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:

Cathy Cavanaugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CATHY CAVANAUGH** (305)743-5288

CR2E037 (10/02)