

**2000 UNIFORM BUSINESS REPORT (UBR)**

8/31  
\* 2/

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90056 008 \*\*\*\*61.25  
08-03-2000 90033 006 \*\*\*\*61.25

**DOCUMENT # N99000001235**

1. Entity Name  
**CLUB DUCK KEY, INC.**



Principal Place of Business  
9711 OVERSEAS HWY  
SUITE 5  
MARATHON FL 33050

Mailing Address  
P.O. BOX 523145  
MARATHON SHORES FL 33050

2. Principal Place of Business  
**San Juan Drive, Duck Key**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Marathon, FL**

City & State  
Suite, Apt. #, etc.

Zip  
**33050**

Country  
**USA**

4. FEI Number  
**65-0896857**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WRIGHT, THOMAS D**  
**9711 OVERSEAS HWY**  
**SUITE 5**  
**MARATHON FL 33050**

7. Name and Address of New Registered Agent  
Name  
**JOHN J. WOLFE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2975 OVERSEAS HIGHWAY**  
City  
**MARATHON** **FL** Zip Code  
**33050**

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

7-27-00

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**  
**After September 13, 2000 min. will be \$236.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OSCAR L. NORRIS - PRESIDENT</b> <input type="checkbox"/> Delete <b>198 INDIES DRIVE</b> <b>DUCK KEY, FL 33050</b> <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ADAM MINK - VICE PRESIDENT</b> <input type="checkbox"/> Delete <b>260 W. SEAVIEW DRIVE</b> <b>DUCK KEY, FL 33050</b> <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TOM BOHAN - VICE PRESIDENT</b> <input type="checkbox"/> Delete <b>403 HARBOUR DRIVE</b> <b>DUCK KEY, FL 33050</b> <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUDITH ADLER - SECRETARY</b> <input type="checkbox"/> Delete <b>386 E. SEAVIEW DRIVE</b> <b>DUCK KEY, FL 33050</b> <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COLIN PARKER - TREASURER</b> <input type="checkbox"/> Delete <b>328 E. SEAVIEW DRIVE</b> <b>DUCK KEY, FL 33050</b> <b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ROBERT ADAMS - DIRECTOR</b> <input type="checkbox"/> Delete <b>324 E. SEAVIEW DRIVE</b> <b>DUCK KEY, FL 33050</b> <b>D</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ROBERT ADAMS**

7/26/00 305-289-7558  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)