

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90058 030 \*\*\*\*61.25

**DOCUMENT # N99000001235**

1. Entity Name

**CLUB DUCK KEY, INC.**

Principal Place of Business

Mailing Address

100 SAN JUAN ST  
 DUCK KEY FL 33060

100 SAN JUAN ST  
 DUCK KEY FL 33050

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

**65-0896857**

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

7. Name and Address of New Registered Agent

**WRIGHT, THOMAS D**  
**9711 OVERSEAS HWY**  
**SUITE 5**  
**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.

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	SD	<input checked="" type="checkbox"/> Delete
NAME	RONNEBAUM, STACY	
STREET ADDRESS	118 N BAHAMA DR	
CITY-ST-ZIP	DUCK KEY FL 33050	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MINK, ADAM	
STREET ADDRESS	260 W SEAVIEW DR	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOUGLAS, MGNABB	
STREET ADDRESS	378 E SEAVIEW DR	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ADLER, JUDITH	
STREET ADDRESS	386 E SEAVIEW DR	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PARKER, COLIN	
STREET ADDRESS	328 E SEAVIEW DR	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, ROBERT	
STREET ADDRESS	324 E SEAVIEW DR	
CITY-ST-ZIP	MARATHON FL 33050	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEACHAM, ROBERT	
STREET ADDRESS	312 E SEAVIEW DR	
CITY-ST-ZIP	DUCK KEY FL 33050	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYON DAVID	
STREET ADDRESS	220 W SEAVIEW CIR	
CITY-ST-ZIP	DUCK KEY FL 33050	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORTIER, SHEILA	
STREET ADDRESS	118 JAMAICA ST	
CITY-ST-ZIP	DUCK KEY FL 33050	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROONEY, TOM	
STREET ADDRESS	278 W SEAVIEW DR	
CITY-ST-ZIP	DUCK KEY FL 33050	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHOLTZ, VICKI	
STREET ADDRESS	306 COCO PLUM ST	
CITY-ST-ZIP	DUCK KEY FL 33050	

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:

*David B. Lyon*

1-31-02 3057436389

CR2E037 (9/01)