

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003875

1. Entity Name

REEF STORAGE COMMERCIAL CONDOMINIUM ASSOCIATION.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90005 010 ****61.25

Principal Place of Business: TRADE CENTRE SOUTH, SUITE 700, 100 W CYPRESS CREEK RD, FT LAUDERDALE FL 33309
 Mailing Address: 100 ANCHOR DR #440, KEY LARGO FL 33037

2. Principal Place of Business: 16 Barracorda Lane
 3. Mailing Address: Same

City & State: Key Largo FL
 City & State: Same
 Zip: 33037 Country: US



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GREENSPOON, MARDER, HIRSCHFIELD ET AL
 100 W CYPRESS CREEK RD, SUITE 700
 FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
 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
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: PVST NAME: DRESSLER, BRADLEY P STREET ADDRESS: 100 ANCHOR DR #440 CITY-ST-ZIP: KEY LARGO FL 33037	<input type="checkbox"/> Delete
TITLE: D NAME: DRESSLER, JELENE STREET ADDRESS: 100 ANCHOR DR #440 CITY-ST-ZIP: KEY LARGO FL 33037	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: OLMSTEAD, DIANE STREET ADDRESS: 100 ANCHOR DR #440 CITY-ST-ZIP: KEY LARGO FL 33037	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PVST NAME: Dressler, Bradley P STREET ADDRESS: 16 Barracorda Lane CITY-ST-ZIP: Key Largo FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: John Larsen STREET ADDRESS: 16 Barracorda Lane CITY-ST-ZIP: Key Largo FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Julia Sorenson STREET ADDRESS: 16 Barracorda Lane CITY-ST-ZIP: Key Largo FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE REQUIRED**

7/26/00 305 367 3757
 Date Daytime Phone #