

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90027 014 ***150.00

DOCUMENT # P99000011634

1. Entity Name

CENTER COURT HIDEAWAYS, INC.

Principal Place of Business

Mailing Address

916 CENTER ST.
 KEY WEST FL 33040

916 CENTER ST.
 KEY WEST FL 33040-7437

2. Principal Place of Business

915 Center St.

3. Mailing Address

915 Center St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Key West FL

City & State

Key West FL

4. FEI Number

105-0892783

Applied For

Not Applicable

Zip

33040

Country

MONROE

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VANSTEELANDT, NAOMI
916 CENTER ST.
KEY WEST FL 33040

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D VANSTEELANDT, NAOMI**
 STREET ADDRESS **916 CENTER ST.**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SCHULTZ, KENNETH H**
 STREET ADDRESS **21 DRIFTWOOD DR.**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE Change Addition
 NAME **Schultz, Kenneth H.**
 STREET ADDRESS **810 Shavers Lane**
 CITY-ST-ZIP **Key West, FL 33040**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Naomi Van Steelandt

Date

Daytime Phone #

2/3/00 (305) 296-5553

CR2E034 (9/99)