

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 350744****1. Entity Name**
LONGBOAT PASS INC**Principal Place of Business****5500 MARINA DR
HOMES BCH FL 34217****Mailing Address****5500 MARINA DR
HOMES BCH FL 34217****2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1287194Applied 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****KEY INCOME TAX & BUSINESS SERV INC
5500 MARINA DR
HOLMES BEACH FL 34217**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** PD ☒ Delete
NAME BORKOWSKI, EDWARD
STREET ADDRESS 380 N SHORE RD
CITY-ST-ZIP LONGBOAT KEY FL**TITLE** DVP ☐ Change ☒ Addition
NAME Richard Hoffman
STREET ADDRESS 1241 Montclair Dr
CITY-ST-ZIP Upper Mt. Clair, PA 15241**TITLE** ST ☐ Delete
NAME MCKINNON, DON
STREET ADDRESS 10 ESSEX ST #3
CITY-ST-ZIP ANDOVER MA**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VP ☒ Delete
NAME DEMAREST, DAVID
STREET ADDRESS 380 N SHORE ROAD
CITY-ST-ZIP LONGBOAT KEY FL**TITLE** DP ☐ Change ☒ Addition
NAME Betty Smithberg
STREET ADDRESS 10531 S.Cedar Lake Rd #420
CITY-ST-ZIP Minnetonka, MN 55305-3326**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
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 an officer like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD H. HOFFMAN

Date

3-26-01 412-429-1555

Daytime Phone #

FILED**Apr 02, 2001 8:00 am
Secretary of State**

04-02-2001 90091 027 ***150.00

00030074

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)