

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 442852

1. Entity Name

TIB BANK OF THE KEYS

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90114 001 \*\*\*450.00

Principal Place of Business

Mailing Address

99451 OVERSEAS HIGHWAY  
KEY LARGO FL 33037

P. O. BOX 2808  
KEY LARGO FL 33037-7808  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1500459

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILLER, CONSTANCE D  
% TIB BANK  
99451 OVERSEAS HWY.  
KEY LARGO FL 33037

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 CD ☐ Delete  
NAME JAMES R LAWSON III  
STREET ADDRESS 99541 OVERSEAS HWY  
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME LETT, EDWARD V.  
STREET ADDRESS 173 CORAL AVE  
CITY-ST-ZIP TAVERNIER FL

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33070

TITLE T ☐ Delete  
NAME JOHNSON, DAVID P.  
STREET ADDRESS 112 TREE LANE  
CITY-ST-ZIP TAVERNIER FL

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33070

TITLE S ☐ Delete  
NAME MILLER, CONSTANCE D.  
STREET ADDRESS 255 BOUGAINVILLEA ST  
CITY-ST-ZIP TAVERNIER FL

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33070

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CONSTANCE D. MILLER

1/15/00 305-451-4660

CR2E034 (9/99)