

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 484264

1. Entity Name

ISLAND-WEST INVESTMENT CORPORATION

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90031 002 \*\*\*158.75

Principal Place of Business

Mailing Address

1213 14TH STREET  
KEY WEST FL 33040

1213 14TH STREET  
KEY WEST FL 33040-4100

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

59-1638922

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

MORGAN, HUGH J  
317 WHITEHEAD STREET  
KEY WEST FL

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	SD	<input type="checkbox"/> Delete
NAME	HARDING, RICHARD A	
STREET ADDRESS	1425 WINFIELD	
CITY-ST-ZIP	FT COLLINS, COLO 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARDING, KENNETH E	
STREET ADDRESS	501 W 1ST STREET	
CITY-ST-ZIP	OGALLALA, NE 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARDING, KENNETH L	
STREET ADDRESS	1213 14TH STREET	
CITY-ST-ZIP	KEY WEST, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDING, JEFFREY A	
STREET ADDRESS	P O BOX 612	
CITY-ST-ZIP	TERRY MT	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLER, ROBERT	
STREET ADDRESS	P O BOX 905	
CITY-ST-ZIP	TERRY MT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, Richard A.	
STREET ADDRESS	P O Box 905	
CITY-ST-ZIP	TERRY MT 59349	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, Kenneth E.	
STREET ADDRESS	3 KI	
CITY-ST-ZIP	OGALLALA, NE 69153	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Key West FL 33040	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P O Box 905	
CITY-ST-ZIP	TERRY MT 59349	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	TERRY MT 59349	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard A. Harding* RICHARD A. HARDING 2/8/00 406-635-5788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)