

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

May 18, 2000 8:00 am
Secretary of State

05-01-2000 90434 018 ***158.75

DOCUMENT # 497034

1. Entity Name

CEDAR KEY REALTY, INCORPORATED

Principal Place of Business

CEDAR KEY
CEDAR KEY FL 32625
US

Mailing Address

P O BOX 549
CEDAR KEY FL 32625-0549
US

2. Principal Place of Business

CEDAR KEY Realty Inc.

3. Mailing Address

P.O. BOX 549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CEDAR KEY, FLA. 32625

City & State

Zip

32625

Country

USA - U.S.A.

Zip

Country

4. FEI Number

59-2898356

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADKINS, ANNIE J
P.O. BOX 549
PO BOX 549, CEDAR KEY FL 32625
CEDAR KEY FL 32625

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 State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME ADKINS, ANNIE JEAN
STREET ADDRESS 497 2ND STREET
CITY-ST-ZIP CEDAR KEY FL☐ DeleteTITLE VP
NAME NESBITT, F. MARIAN
STREET ADDRESS P.O. BOX 802- GULF BLVD., N/A
CITY-ST-ZIP CEDAR KEY FL☐ DeleteTITLE ST
NAME NESBITT, ENDER T
STREET ADDRESS P O BOX 802 - GULF BLVD N/A
CITY-ST-ZIP CEDAR KEY FL 32625☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

ANNIE J. ADKINS 352-543-5146

Date

Daytime Phone #

CR2E034 (9/99)