

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90053 032 ***150.00

DOCUMENT # 579011

1. Entity Name
ISLAND HOUSE KEY WEST, INC.

Principal Place of Business

P.O. BOX 5125
DAYTONA BEACH FL 32118
US

Mailing Address

P.O. BOX 5125
DAYTONA BEACH FL 32118
US

2. Principal Place of Business

801 N. Peninsula Dr
Suite, Apt. #, etc.

3. Mailing Address

801 N. Peninsula Dr
Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32118

Country

Volusia

Zip

32118

Country

Volusia

4. FEI Number

59-1834330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMP, JAMES
801 NO. PENINSULA DR.
DAYTONA BEACH FL 32118

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, 2001 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

TITLE **VD** ☐ Delete
NAME **PAUL, L**
STREET ADDRESS **15 WETMORE ST**
CITY-ST-ZIP **WARREN P 16365**

TITLE **SD** ☐ Delete
NAME **BRUSH, D**
STREET ADDRESS **35 WILSON ST**
CITY-ST-ZIP **SHEFFIELD PA 16347**

TITLE **P** ☐ Delete
NAME **CAMP, JAMES**
STREET ADDRESS **801 N PENINSULA DR**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

James A Camp - James A Camp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/01/386-248-2020

Daytime Phone #

CR2E034 (10/00)