

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

0119810

DOCUMENT # 594118

1. Entity Name

KEY WEST WATER SPORTS, INC.

02-05-2001 90136 047 ***150.00

Principal Place of Business

Mailing Address

**714 SEMINOLE
 1415 GRINNELL
 KEY WEST FL 33040
 US**

**714 SEMINOLE
 1415 GRINNELL
 KEY WEST FL 33040
 US**

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 **59-1862760**

Applied 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

**WILSON, MICHAEL, B
 1415 GRINNELL ST.
 KEY WEST FL 33040**

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

Michael Wilson
 Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/25/01
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, MICHAEL B. 1415 GRINNELL ST KEY WEST FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOPPINO, EDWARD, JR. 165 KEY HAVEN ROAD KEY WEST FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZARUBA, JOHN W JR 1210 DUNCAN ST KEY WEST FL 33040	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZARUBA, SARAH M 1210 DUNCAN ST KEY WEST FL 33040	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.S KRISTEN R. BARR 1721 PATRICIA ST. KEY WEST, FL. 33040	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. NATHAN MACDONALD 1403 4TH ST #2 KEY WEST, FL 33040	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE 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)(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:

Kristen Barr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01
 Date

305-296-6684
 Daytime Phone #

CR2E034 (10/00)