

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701924

1. Entity Name

FLORIDA KEYS OUTBOARD CLUB INC

Principal Place of Business

121 BAYVIEW ISLE DR
ISLAMORADA FL 33036

Mailing Address

121 BAYVIEW ISLE DR
ISLAMORADA FL 33036-3308

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

NOT APPLICABLE

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

REGAN, ROBERT E.
119 REDWING ROAD
TAVERNIER FL 33070

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

FILE NOW:
FEE IS \$61.25.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME MCCOMB, T
STREET ADDRESS 116 GIARDINO DR
CITY-ST-ZIP ISLAMORADA FL 33036

TITLE ☒ Change ☐ Addition
NAME ZIOMEK, DIANE
STREET ADDRESS 101 MILANO DR
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE VP ☒ Delete
NAME SEMAR, NICK
STREET ADDRESS 175 KAHIKI DRIVE
CITY-ST-ZIP TAVERNIER FL 33070

TITLE ☒ Change ☐ Addition
NAME MILLS, BEN
STREET ADDRESS P.O. Box 398
CITY-ST-ZIP ISLAMORADA, FL 33036

TITLE T ☐ Delete
NAME ABBOTT, K
STREET ADDRESS 121 BAYVIEW ISLE DR
CITY-ST-ZIP ISLAMORADA FL 33036

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

TITLE S ☐ Delete
NAME RYAN, CHRIS
STREET ADDRESS 10 FLAMINGO HAMMOCK RD.
CITY-ST-ZIP ISLAMORADA FL 33036

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

TITLE D ☐ Delete
NAME STRANER, BILL
STREET ADDRESS 136 FAIRWICH CT.
CITY-ST-ZIP TAVERNIER FL 33070

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

TITLE D ☐ Delete
NAME JENKINS, DARRLY
STREET ADDRESS 1008 VENETIAN BLVD
CITY-ST-ZIP ISLAMORADA FL 33036

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kate Abbott*

4-24-00

Date

305
6648528

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)