

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90095 047 ****61.25

DOCUMENT # 701924

1. Entity Name

FLORIDA KEYS OUTBOARD CLUB INC

Principal Place of Business

Mailing Address

**121 BAYVIEW ISLE DR
 ISLAMORADA FL 33036**

**121 BAYVIEW ISLE DR
 ISLAMORADA FL 33036**

2. Principal Place of Business

121 GUILFORD CRT

3. Mailing Address

121 GUILFORD CRT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVERNIER FL

City & State

TAVERNIER FL

Zip

33070

Country

USA

Zip

33070

Country

USA

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 **DS** ☐ Delete
 NAME **ZIOMEK, DIANE**
 STREET ADDRESS **101 MILANO DR**
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE **T** ☐ Change ☒ Addition
 NAME **NANCY MILLS**
 STREET ADDRESS **121 GUILFORD CRT**
 CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **VP** ☒ Delete
 NAME **MILLS, BEN**
 STREET ADDRESS **PO BOX 398**
 CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOHN ORZELL**
 STREET ADDRESS **87200 OVERSEAS HWY**
 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 **D** ☐ Change ☒ Addition
 NAME **ROBERT SNEAD**
 STREET ADDRESS **126 GUILFORD CRT**
 CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **S** ☒ Delete
 NAME **MCCOMB, TERIE**
 STREET ADDRESS **116 GIARDINO DR**
 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, DOTTIE**
 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.

CP2E037 (9/01)