

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702512 (5)
1. Corporation Name
ECURIE VITESSE SPORTS CAR CLUB OF KEY WEST, INC.



Principal Place of Business Mailing Address
3600 N. ROOSEVELT BLVD 3600 N. ROOSEVELT BLVD
KEY WEST FL 33040 KEY WEST FL 33040

3. Date Incorporated or Qualified 06/03/1961 3a. Date of Last Report 03/10/1995
4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

FULLER, JACK
3600 N. ROOSEVELT BLVD
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jack R. Fuller*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DANIELS, GREG
STREET ADDRESS 3723 CINDY AV
CITY-ST-ZIP KEY WEST FL
TITLE D ☒ DELETE
NAME HOLLENBECK, STEVE
STREET ADDRESS 1445 B S. ROOSEVELT
CITY-ST-ZIP KEY WEST FL
TITLE ☒ DELETE
NAME FULLER, NORMAN
STREET ADDRESS 3600 ROOSEVELT BLVD.
CITY-ST-ZIP KEY WEST FL 33040
TITLE VC ☒ DELETE
NAME SCHAPPELL, TERRY
STREET ADDRESS 225 COLSON DR.
CITY-ST-ZIP SUMMERLAND KEY FL
TITLE D ☒ DELETE
NAME BRUMWELL, TINA
STREET ADDRESS 1016 18 TERR.
CITY-ST-ZIP KEY WEST FL
TITLE S ☐ DELETE
NAME BELL, JAMES
STREET ADDRESS RR1 BOX 483
CITY-ST-ZIP BIG PINE KEY FL 33043

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE CHAIRMAN ☐ Change ☒ Addition
2.2 NAME ERNEST TAYLOR
2.3 STREET ADDRESS 54 PALM DR
2.4 CITY-ST-ZIP DAY POINT KEY FL 33040
3.1 TITLE DIRECTOR ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS SAME
3.4 CITY-ST-ZIP
4.1 TITLE VC ☐ Change ☒ Addition
4.2 NAME JOELLE FULLER
4.3 STREET ADDRESS 3600 ROOSEVELT BLVD
4.4 CITY-ST-ZIP KEY WEST, FL 33040
5.1 TITLE DIRECTOR ☐ Change ☒ Addition
5.2 NAME ROBERT HESS
5.3 STREET ADDRESS COCONUT HWY
5.4 CITY-ST-ZIP BIG PINE KEY, FL 33043
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James W. Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 1996

Date

(305) 872-2239

Daytime Phone #

CR2E037 (12/95)