

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702512

1. Entity Name

ECURIE VITESSE SPORTS CAR CLUB OF KEY WEST, INC.

Principal Place of Business

Mailing Address

3600 N. ROOSEVELT BLVD  
KEY WEST FL 33040

3600 N. ROOSEVELT BLVD  
KEY WEST FL 33040-4226

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90193 013 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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:**  
**FEES ARE \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	BRUMWELL, JACK	
STREET ADDRESS	11 EL MONTE LN	
CITY-ST-ZIP	BIG COPPITT KEY FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	FULLER, JACK	
STREET ADDRESS	3600 N. ROOSEVELT BLVD	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORN, BILL	
STREET ADDRESS	151 KEY HAVEN RD	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRUMWELL, TINA	
STREET ADDRESS	11 EL MONTE LN	
CITY-ST-ZIP	BIG COPPITT KEY FL	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, ERNEST	
STREET ADDRESS	54 PALM DR	
CITY-ST-ZIP	BAY POINT KEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, JAMES	
STREET ADDRESS	RR1 BOX 483	
CITY-ST-ZIP	BIG PINE KEY FL 33043	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, BILL	
STREET ADDRESS	151 KEY HAVEN RD	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD KLINE	
STREET ADDRESS	21 KESTRAL WAY	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: BETINA BRUMWELL DATE: 4/10/00 (305) 296-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)