

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90092 022 \*\*\*\*61.25

**DOCUMENT # 702512**

1. Entity Name

**ECURIE VITESSE SPORTS CAR CLUB OF KEY WEST, INC.**

Principal Place of Business

Mailing Address

**1432 KENNEDY DRIVE  
KEY WEST FL 33040**

**1432 KENNEDY DRIVE  
KEY WEST FL 33040**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FULLER, JACK  
1432 KENNEDY DRIVE  
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

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 ☒ Delete  
NAME **V**  
STREET ADDRESS **FERREE, AL**  
CITY-ST-ZIP **1090 A DEWEY ROAD  
KEY WEST FL 33040**

TITLE ☒ Change ☐ Addition  
NAME **V**  
STREET ADDRESS **COLL DANNY**  
CITY-ST-ZIP **114 CUTTHROAT DRIVE  
CUDJOE KEY FL 33042**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FULLER, NORMAN**  
CITY-ST-ZIP **1432 KENNEDY DRIVE  
KEY WEST FL 33040**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HORN, BILL**  
CITY-ST-ZIP **151 KEY HAVEN RD  
KEY WEST FL 33040**

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

TITLE ☒ Delete  
NAME **T**  
STREET ADDRESS **BRUMWELL, TINA**  
CITY-ST-ZIP **11 EL MONTE LN  
BIG COPPIT KEY FL**

TITLE ☒ Change ☐ Addition  
NAME **T**  
STREET ADDRESS **JEAN BELL**  
CITY-ST-ZIP **30233 PINELAWAY  
BIG PINE KEY, FL 33043**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **KLINE, RICHARD**  
CITY-ST-ZIP **21 KESTRAL WAY  
KEY WEST FL 33040**

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

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **BELL, JAMES**  
CITY-ST-ZIP **30233 PINELAW  
BIG PINE KEY FL 33043**

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4 April 2002 (305) 293-5540**

Date

Daytime Phone #

CR2E037 (9/01)