

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED

Mar 09, 2001 8:00 am
Secretary of State

02-15-2001 90051 050 ***61.25

DOCUMENT # 712195

1. Entity Name

KEY WEST ROD AND GUN CLUB, INC.

Principal Place of Business

P. O. BOX 528
KEY WEST FL 33040
US

Mailing Address

P. O. BOX 528
KEY WEST FL 33040
US

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

54-0300881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORSE, LEIGHTON G
444 WHITEHEAD ST.
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name STANLEY S. JANECKA

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

1554 SUNRISE DR

City BIG PINE KEY

FL

Zip Code 33043

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

Stanley S. Janicka

2/11/01

Signature, typed or printed name of registered agent and fee 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

TITLE	MDSO	<input checked="" type="checkbox"/> Delete
NAME	LEMMERT, BOB	
STREET ADDRESS	13 S. AIRPORT DRIVE	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JANECKA, STANLEY	
STREET ADDRESS	1554 SUNRISE DRIVE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JANECKA, KATHLEEN	
STREET ADDRESS	1554 SUNRISE DR B	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	ML	<input checked="" type="checkbox"/> Delete
NAME	MORSE, LEIGHTON G.	
STREET ADDRESS	444 WHITEHEAD ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	ML	<input type="checkbox"/> Delete
NAME	BIAGI, RICHARD	
STREET ADDRESS	PO 528	
CITY-ST-ZIP	KEY WEST FL 33041	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANECKA, STANLEY S.	
STREET ADDRESS	1554 SUNRISE DR.	
CITY-ST-ZIP	BIG PINE KEY, FL. 33043	
TITLE	VDB	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CICERAN, RICHARD L.	
STREET ADDRESS	3211 HARRIETT AVE.	
CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ML	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MS DONALD, ROBERT H.	
STREET ADDRESS	903 GRINNELL ST.	
CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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:

Stanley S. Janicka

2/11/01

(305)

872-5609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)