

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90282 029 *****61.25

DOCUMENT # 712195

1. Entity Name

KEY WEST ROD AND GUN CLUB, INC.



Principal Place of Business

Mailing Address

P. O. BOX 528
KEY WEST FL 33040
US

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



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

BIAGI, RICHARD G
657 CAROLYN AVE.
LITTLE TORCH KEY FL 33042

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard G. Biagi (Pres.)

3-23-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ML	<input type="checkbox"/> Delete
NAME	JANECKA, STANLEY S	
STREET ADDRESS	1554 SUNRISE DR	
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 type="checkbox"/> Delete
NAME	MCDONALD, ROBERT H	
STREET ADDRESS	903 GRINNELL ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	PMD	<input type="checkbox"/> Delete
NAME	BIAGI, RICHARD	
STREET ADDRESS	657 CAROLYN AVE.	
CITY-ST-ZIP	LITTLE TORCH KEY FL 33042	
TITLE	VDD	<input type="checkbox"/> Delete
NAME	BILSKO, NORMAN	
STREET ADDRESS	17075 WAHOO	
CITY-ST-ZIP	SUGARLOAF KEY FL 33042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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

Richard G. Biagi **3-23-03** **(305) 872-9129**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)