

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90013 020 \*\*\*\*61.25

**DOCUMENT # 714907**

1. Entity Name

**BIG PINE KEY CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

U.S. HWY 1  
 BIG PINE KEY FL 33043-0190  
 US

P.O. BOX 430190  
 BIG PINE KEY FL 33043-0190  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2079108**

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

**SCHNEIDER, ROBERT**  
**3841 DONNA RD**  
**BIG PINE KEY FL 33043**

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 **P SCHNEIDER, ROBERT E**  
 STREET ADDRESS **3841 DONNA ROAD**  
 CITY-ST-ZIP **BIG PINE KEY FL 33043-6111**

TITLE  Change  Addition  
 NAME **S Bolton, Joan**  
 STREET ADDRESS **3848 DONNA ROAD**  
 CITY-ST-ZIP **Big Pine Key, FL 33043**

TITLE  Delete  
 NAME **VP SHINKEVICH, EUGENE**  
 STREET ADDRESS **1206 WESTSHORE DRIVE**  
 CITY-ST-ZIP **BIG PINE KEY FL 33043**

TITLE  Change  Addition  
 NAME **S CLOSSER, DAYTON**  
 STREET ADDRESS **29311 Oleander Drive**  
 CITY-ST-ZIP **BIG PINE KEY, FL 33043**

TITLE  Delete  
 NAME **VD POKORSKI, VERN**  
 STREET ADDRESS **760 BIG PINE AVENUE**  
 CITY-ST-ZIP **BIG PINE KEY FL 33043**

TITLE  Change  Addition  
 NAME **T SCHNEIDER, BRENDA**  
 STREET ADDRESS **3841 Donna Road**  
 CITY-ST-ZIP **Big Pine Key, FL 33043**

TITLE  Delete  
 NAME **D DAY, PATI**  
 STREET ADDRESS **29044 BEGONIA DRIVE**  
 CITY-ST-ZIP **BIG PINE KEY FL 33043-6017**

TITLE  Change  Addition  
 NAME **D MENG, NORINE**  
 STREET ADDRESS **29013 MARIGOLD DRIVE**  
 CITY-ST-ZIP **BIG PINE KEY, 33043**

TITLE  Delete  
 NAME **D KUHN, TONY**  
 STREET ADDRESS **29423 SARATPGA AVENUE**  
 CITY-ST-ZIP **BIG PINE KEY FL 33043-3208**

TITLE  Change  Addition  
 NAME **D SWEET, CHARLES**  
 STREET ADDRESS **30240 WATSON BLVD.**  
 CITY-ST-ZIP **BIG PINE KEY, 33043**

TITLE  Delete  
 NAME **D LEM, WARREN**  
 STREET ADDRESS **29544 CONSTITUTION AVENUE**  
 CITY-ST-ZIP **BIG PINE KEY FL 33043-9706**

TITLE  Change  Addition  
 NAME **D WILLIAMS, LEIGH**  
 STREET ADDRESS **2072 PALM BEACH ROAD**  
 CITY-ST-ZIP **BIG PINE KEY, 33043**

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: **ROBERTAE. SCHNEIDER** / *Robert Schneider* 2-5-2000 305-872-3509  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #