

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90004 022 ****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 FLA 33043-0190
 US

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

59-2079108

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 **Larry Sullivan**

Street Address (P.O. Box Number is Not Acceptable)
1160 Avenue A

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

Larry Sullivan **Larry Sullivan**

1-28-02

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	P	<input type="checkbox"/> Delete
NAME	SCHNEIDER, ROBERT E	
STREET ADDRESS	3841 DONNA ROAD	
CITY-ST-ZIP	BIG PINE KEY FL 33043-6111	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHINKEVICH, EUGENE	
STREET ADDRESS	1208 WESTSHORE DRIVE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POKORSKI, VERN	
STREET ADDRESS	760 BIG PINE AVENUE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAY, PATI	
STREET ADDRESS	29044 BEGONIA DRIVE	
CITY-ST-ZIP	BIG PINE KEY FL 33043-6017	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUHN, TONY	
STREET ADDRESS	29423 SARATPGA AVENUE	
CITY-ST-ZIP	BIG PINE KEY FL 33043-3208	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEM, WARREN	
STREET ADDRESS	29544 CONSTITUTION AVENUE	
CITY-ST-ZIP	BIG PINE KEY FL 33043-9706	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Sullivan	
STREET ADDRESS	1160 Avenue A	
CITY-ST-ZIP	Big Pine Key, FL 33043	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanford Brown	
STREET ADDRESS	551 Elma Avenue	
CITY-ST-ZIP	Big Pine Key, FL 33043-3339	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Schneider	
STREET ADDRESS	3841 Donna Road	
CITY-ST-ZIP	Big Pine Key, FL 33043-6111	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda Schneider	
STREET ADDRESS	3841 Donna Road	
CITY-ST-ZIP	Big Pine Key, FL 33043-6111	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dayton Closser	
STREET ADDRESS	29311 Oleander Drive	
CITY-ST-ZIP	Big Pine Key, FL 33043-6080	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pati Day	
STREET ADDRESS	29044 Begonia Drive	
CITY-ST-ZIP	Big Pine Key, FL 33043-6017	

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 officers, directors, receivers, trustees, or agents empowered to execute this report.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Sullivan **Larry Sullivan** **1-28-02** **305-515-2962**

Date

Daytime Phone #

CR2E037 (9/01)