

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

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

07-25-2003 90090 009 ****61.25

0008187

DOCUMENT # 715572

1. Entity Name

KEY BISCAVNE BEACH CLUB, INC.



Principal Place of Business

**685 OCEAN DRIVE
KEY BISCAVNE FL 33149**

Mailing Address

**685 OCEAN DRIVE
KEY BISCAVNE FL 33149**

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 **59-0679493**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'BRIEN, MICHAEL M.

200 GALEN DR

APT 106

KEY BISCAVNE FL 33149

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

Michael M. O'Brien

Michael M. O'Brien

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

After September 10, 2003, min will be \$236.25

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	DT	<input checked="" type="checkbox"/> Delete
NAME	HANEY, JAMES	
STREET ADDRESS	472 GLENRIDGE RD	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERNON, ROBERT	
STREET ADDRESS	475 RIDGEWOOD RD	
CITY-ST-ZIP	KEY BISCAVNE, FL 00000 33149	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JAUREGUI, MAUREEN	
STREET ADDRESS	365 HEATHER LN	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BURKE, FRANK	
STREET ADDRESS	246 HAMPTON LANE	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	COLE, WILLIAM J	
STREET ADDRESS	580 FERNWOOD RD	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE	President	<input type="checkbox"/> Delete
NAME	FRIED, MARK	
STREET ADDRESS	360 GLENRIDGE ROAD	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	

TITLE	5 Jane STUART	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	730 CORTISWOOD ROAD	
STREET ADDRESS	Key Biscayne, FL 33149	
CITY-ST-ZIP		
TITLE	D Cely Figueroa	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	524 Ridge Wood Road	
STREET ADDRESS	Key Biscayne, FL 33149	
CITY-ST-ZIP		
TITLE	D Armando Womez	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	265 Glenridge Road	
STREET ADDRESS	Key Biscayne, FL 33149	
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:

William J. Cole

William J. Cole, Jr.

(305) 361-2813

CR2E037 (4/03)