

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718402

1. Entity Name

KEY BISCAYNE'S COMMODORE CLUB CONDOMINIUM 1, INC

Principal Place of Business

177 OCEAN LANE DRIVE  
KEY BISCAYNE FL 33149

Mailing Address

177 OCEAN LANE DRIVE  
KEY BISCAYNE FL 33149-1437

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

59-1359766

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

THE CONTINENTAL GRP,  
177 OCEAN LANE DR  
KEY BISCAYNE FL 33149

Name

LISA LERNER, PA.

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

201 ALHAMBRA Circle Suite 1102

City

CORAL GABLES

FL

Zip Code

33144

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/00

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	S	<input type="checkbox"/> Delete
NAME	WESTER, ALEXIS	
STREET ADDRESS	177 OCEAN LANE DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RITSON, JESS	
STREET ADDRESS	177 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALBERT, GEORGE	
STREET ADDRESS	177 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HODGSON, MARION	
STREET ADDRESS	177 OCEAN LANE DR	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	GALDO, GUSTAVO	
STREET ADDRESS	177 OCEAN LANE DR	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BECKER, THEODORE	
STREET ADDRESS	177 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexis Wester	
STREET ADDRESS	177 OCEAN LN DR.	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INES ESTELA	
STREET ADDRESS	177 OCEAN LN DR	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDUARDO RUIZ	
STREET ADDRESS	177 OCEAN LN DR	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARION HODGSON	
STREET ADDRESS	177 OCEAN LN DR	
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, THEODORE	
STREET ADDRESS	177 OCEAN LN DR	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL. LINDSAY	
STREET ADDRESS	177 OCEAN LN DR.	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/2000 305-361-1656

CR2E037 (9/99)