

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721343

1. Entity Name

KEY BISCAYNE ATHLETIC CLUB, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90032 016 ****61.25

Principal Place of Business

Mailing Address

VILLAGE OF KEY BISCAYNE
85 MCINTYRE STREET
KEY BISCAYNE FL 33149

VILLAGE OF KEY BISCAYNE
85 MCINTYRE STREET
KEY BISCAYNE FL 33149-1845

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7118840

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

COOPER, BONNIE L
77 CRANDON BLVD., #8A
KEY BISCAYNE 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.

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 **D** ☒ Delete
NAME **COOPER, BONNIE L**
STREET ADDRESS **77 CRANDON BLVD.**
CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE **S and D** ☐ Change ☒ Addition
NAME **Suarez, Albert**
STREET ADDRESS **253 W. End Dr.**
CITY-ST-ZIP **Key Biscayne FL 33149**

TITLE **PD** ☐ Delete
NAME **SIMON, STEVEN**
STREET ADDRESS **335 HAMPTON LANE**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **D** ☐ Change ☒ Addition
NAME **Zubillaga, Juan**
STREET ADDRESS **245 Woodcrest Rd**
CITY-ST-ZIP **Key Biscayne FL 33149**

TITLE **TD** ☐ Delete
NAME **AUDREYLEE, LEAVITT**
STREET ADDRESS **240 ISLAND DR.**
CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **IRL, KATHY**
STREET ADDRESS **260 GLENRIDGE ROAD**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MILLER, NANCY STONER**
STREET ADDRESS **620 N. MASHTA DRIVE**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **ARRONDO, LUIS**
STREET ADDRESS **350 GRAPETREE DR.**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **VP and D** ☒ Change ☐ Addition
NAME **Arrondo, Luis**
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: AudreyLee Leavitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00 305 365-8900

Date

Daytime Phone #

CR2E037 (9/99)