

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

02-12-2001 90214 041 ****61.25

DOCUMENT # 736399

1. Entity Name

COQUINA KEY CRUISING ASSOCIATION, INC.

Principal Place of Business

3961
 3907 COQUINA KEY DR SE
 ST PETERSBURG FL 33705
 US

Mailing Address

Same
 843 PARK ST S
 ST PETERSBURG FL 33707
 US Do not use

32450



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

NOT APPLICABLE

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

ARMSTRONG, WILLIAM H
 843 PARK ST. S.
 ST. PETERSBURG FL 33707

Name

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

City

FL

Zip Code

33705

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

Treasurer
 Susan B. Macmurphy

Susan B. Macmurphy

2-8-2001

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	PD	LANGDON, DAVID	4138 BEACH DR SE ST PETERSBURG FL 33705	<input type="checkbox"/>
SD	SD	HANKS, ROSEMARY	3946 BEACH DR. SE. ST PETERSBURG FL 33705	<input checked="" type="checkbox"/>
TD	TD	ARMSTRONG, WILLIAM H	843 PARK ST S ST PETERSBURG FL 33707	<input checked="" type="checkbox"/>
TD	Treasurer	Susan B. Macmurphy	3961 Coquina Key Dr. S.E. St. Petersburg, FL. 33705	<input type="checkbox"/>
SD	Secretary	Mary Bennett	4112 Beach Dr. S.E. St. Petersburg, FL. 33705	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Susan B. Macmurphy

Date

2-8-2001

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)