

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90475 006 ****61.25

DOCUMENT # 736436

1. Entity Name

FLOTILLA 13-04, INC.

Principal Place of Business

OCEAN REEF
 MAILROOM BOX 415
 KEY LARGO FL 33037

Mailing Address

OCEAN REEF
 MAILROOM BOX 415
 KEY LARGO FL 33037
 US

2. Principal Place of Business

20 HARBOUR GREEN DR.

3. Mailing Address

20 HARBOUR GREEN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY LARGO FL

City & State

KEY LARGO FL

Zip

33037

Country

MONROE

Zip

33037

Country

MONROE

4. FEI Number

59-7800230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TURNER, HODSON, WATKINS & LYNN
830 N. KROME AVE.
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

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

TITLE **PD** ☒ Delete
 NAME **REITER, ROLLIN**
 STREET ADDRESS **100 ANCHOR DR., #164**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **VP** ☒ Delete
 NAME **MILLER, JANE**
 STREET ADDRESS **50 MACLINLA UNIT A**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **SD** ☐ Delete
 NAME **STOCKER, NANCY**
 STREET ADDRESS **75 SNAPPER LANE UNIT A**
 CITY-ST-ZIP **KEY LARGO FL**

TITLE **T** ☒ Delete
 NAME **PEDDLE, HENRY M**
 STREET ADDRESS **39 CARDINAL LANE**
 CITY-ST-ZIP **KEY LARGO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **PHILLIPS, B. CALVIN**
 STREET ADDRESS **20 HARBOUR GREEN DRIVE**
 CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
 NAME **PRICE, LORNE H.**
 STREET ADDRESS **4 HALEWAY ROAD**
 CITY-ST-ZIP **KEY LARGO, FL 33037**

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

TITLE **TREASURER** ☒ Change ☐ Addition
 NAME **MELVIN JACOBSON**
 STREET ADDRESS **24 DOCKSIDE LANE**
 CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **ASSISTANT TREASURER** ☐ Change ☒ Addition
 NAME **GOOD, THOMAS A.**
 STREET ADDRESS **21 PUMPKIN KEY LANE**
 CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE ☐ Change ☐ 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: *Thomas A. Good* **Treas.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

305-367-4652

Date

Daytime Phone #

CR2E037 (10/00)