## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## **DOCUMENT # 738009** Apr 23, 2000 8:00 am Secretary of State 1. Entity Name LARGO SOUND VILLAGE, INCORPORATED 04-23-2000 90018 020 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 2017 PO BOX 2017 KEY LARGO FL 33037-7017 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For - 59-1725805 -Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Debrule Street Address (P.O. Box Number is Not Acceptable) WARREN, MARYANN 308 2ND TERRACE KEY LARGO FL 33073 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Pres. Addition TITI F TITLE ☐ Delete Johnny Debrule 411 & 3KD ST. NAME NAME WRIGHT, JAN STREET ADDRESS STREET ADDRESS 321 SECOND TERRACE CITY-ST-ZIP CITY-ST-ZIP Key Largo Fl 33037 KEY LARGO FL 33037 V. Pres Ponna Pack o P.o. Box 753 **Addition** ☐ Change TITLE VPD **Delete** TITLE NAME LACEY, LOUISE \_ NAME STREET ADDRESS STREET ADDRESS 424 4TH RD CITY-ST-ZIP CITY-ST-ZIP Key Large KEY LARGO FL 33037 **Change** Secretary Addition TITLE ☑ Delete TITLE Jonet Wright 321 2ND Terr NAME WARREN, MARY ANN NAMÉ STREET ADDRESS STREET ADDRESS **308 2ND TERR** Key Largo Fl CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 TITLE Treasurier Change ✓ Addition TITLE ✓ Delete John Hauk NAME NAME SIGNORELLI, LINDA 222 2 ND RD STREET ADDRESS STREET ADDRESS 115 1ST TERRACE Key Lango FL CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Director. Addition ☐ Change **Z** Delete TITLE TITLE SHE JARCKLE NAME AYLAR, JULIE 3/3 2 ND Terr STREET ADDRESS STREET ADDRESS **312 2ND TERR** Kay Lango FL Pinecton Patrice GRHF CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete TITLE TITLE NAME NAME PO BOX 2734 STREET ADDRESS STREET ADDRESS Keylargo Fl 33037 CITY-ST-ZIP 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