

03
NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 19 AM 10:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 751996
 Entity Name The Square@Key Biscayne Condo, Inc.



DO NOT WRITE IN THIS SPACE

900020289279
 05/30/03--01056--026 **\$61.25
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 260 Crandon Blvd
 Suite, Apt. #, etc. Suite 56
 City & State Key Biscayne, FL
 Zip 33149 Country US

3. Mailing Address 260 Crandon Blvd
 Suite, Apt. #, etc. Suite 56
 City & State Key Biscayne, FL
 Zip 33149 Country US

4. FEI Number 59-2255275 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
 Name Bristol Robert
 Street Address (P.O. Box Number is Not Applicable) 260 Crandon Blvd #56
 City Key Biscayne FL Zip 33149

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE	<u>VPD</u>	TITLE	
NAME	<u>Tague, Mary</u>	NAME	
STREET ADDRESS	<u>260 Crandon Blvd #56</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>Basick, Debbie</u>	NAME	
STREET ADDRESS	<u>260 Crandon Blvd #56</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<u>Treasurer</u>	TITLE	
NAME	<u>Cromer, Cesar</u>	NAME	
STREET ADDRESS	<u>260 Crandon Blvd #56</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Key Biscayne, FL 33149</u>	CITY-ST-ZIP	
TITLE	<u>President</u>	TITLE	
NAME	<u>Bristol, Robert</u>	NAME	
STREET ADDRESS	<u>260 Crandon Blvd #56</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<u>Sec</u>	TITLE	
NAME	<u>Marquerite Maggs</u>	NAME	
STREET ADDRESS	<u>260 Crandon Blvd #56</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Key Biscayne, FL 33149</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: Robert F. Bristol ROBERT F. BRISTOL 4/15/03 305 361-3440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

7/1/23