

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770965

1. Entity Name

ISLAMORADA CHARTERBOAT ASSOCIATION, INC.

Principal Place of Business

316 BURTON DRIVE
TAUERNIER FL 33070
US

Mailing Address

P.O. BOX 462
ISLAMORADA FL 33036-0462

2. Principal Place of Business

114 TWENTY PIE TERR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAUERNIER FL.

City & State

Zip

33070

Country

U.S.A.

Zip

Country

6. Name and Address of Current Registered Agent

DEUEL, CURTIS F.
40 HIGHPOINT ROAD, G-105, BOX 12
TAUERNIER FL 33070

4. FEI Number

59-2344436

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

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 MAGURSKY, JOHN
STREET ADDRESS 114 TWENTY PIE TERRACE
CITY-ST-ZIP KEY LARGO FL 33037

TITLE VD ☐ Delete
NAME LEOPOLD, STEVE
STREET ADDRESS 272 S COCONUT PALM BLVD
CITY-ST-ZIP TAVERNIER FL

TITLE SD ☐ Delete
NAME KELLY, BILL
STREET ADDRESS 129 TEQUESTA ST
CITY-ST-ZIP PLANTATION KEY FL 33070

TITLE TD ☐ Delete
NAME GARDNER, CHRISTOPHER
STREET ADDRESS 237 OCEAN DRIVE
CITY-ST-ZIP TAVERNIER FL 33070

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90063 037 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

06 MAR. 2000 305-664-6540