

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90066 038 ****61.25

DOCUMENT # C10351

1. Entity Name

CASEY KEY PROTECTIVE ASSOCIATION

Principal Place of Business

Mailing Address

~~333 S. TAMMAMI TRAIL
SUITE 100
VENICE FL 34285~~
707 Casey Key
NOKOMIS, FL
34275

PO BOX 516
NOKOMIS FL 34274-0516

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6166943

Applied For

Not Applicable

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

~~KORP, WILLIAM E
333 S. TAMMAMI TRAIL
SUITE 100
VENICE FL 34285~~

Name

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

City

FRANCINE CROWLEY
507 SOUTH CASEY KEY
Road
NOKOMIS FL 34275

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

FRANCINE CROWLEY

Francine Crowley

01-06-2000

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 | P | <input type="checkbox"/> Delete |
| NAME | BRY, ROBERT | |
| STREET ADDRESS | 707 CASEY KEY ROAD | |
| CITY-ST-ZIP | NOKOMIS FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | THAYER, FRANCES M | |
| STREET ADDRESS | 1808 CASEY KEY ROAD | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | KLYN, JOHN W | |
| STREET ADDRESS | 526 N CASEY KEY RD | |
| CITY-ST-ZIP | OSPREY FL 34229 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | THAYER, SETH | |
| STREET ADDRESS | 1808 CASEY KEY RD | |
| CITY-ST-ZIP | NOKOMIS FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CROWLEY, WILLIAM | |
| STREET ADDRESS | 507 S CASEY KEY ROAD | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CROWLEY, FRANCINE | |
| STREET ADDRESS | 5075 CASEY KEY RD | |
| CITY-ST-ZIP | NOKOMIS FL 34275 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | MESSING, MARIO | |
| STREET ADDRESS | 4029 CASEY KEY ROAD | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | PARKER, MARILYN | |
| STREET ADDRESS | 402 N. CASEY KEY RD. | |
| CITY-ST-ZIP | OSPREY, FL. 34229 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | URCIGLI, ARTHUR | |
| STREET ADDRESS | 1906 CASEY KEY ROAD | |
| CITY-ST-ZIP | NOKOMIS, FL. 34275 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | JOHNSTON, BONNIE | |
| STREET ADDRESS | 433 SOUTH CASEY KEY RD. | |
| CITY-ST-ZIP | NOKOMIS, FL. 34275 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | LARSON, JOHN | |
| STREET ADDRESS | 3434 CASEY KEY ROAD | |
| CITY-ST-ZIP | NOKOMIS, FL. 34275 | |

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

SIGNATURE:

Francine Crowley, Treasurer

01-06-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #