

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 16, 2001 8:00 am  
Secretary of State

03-16-2001 90022 048 \*\*\*150.00

DOCUMENT # H64066

1. Entity Name

RESORTS OF KEY LARGO, INC.

Principal Place of Business

99202 OVERSEAS HIGHWAY  
KEY LARGO FL 33037

Mailing Address

99202 OVERSEAS HIGHWAY  
KEY LARGO FL 33037

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 59-2572460

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

DENAULT, MICHAEL

400 LAGUNA AVE.

KEY LARGO FL 33037

Name

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

99202 OVERSEAS HIGHWAY

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: *Michael R. Denault* MICHAEL R. DENAULT

3/9/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DENAULT, MICHAEL R.	
STREET ADDRESS	400 LAGUNA AVE.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENAULT, DENAULT	
STREET ADDRESS	400 LAGUNA AVE.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENAULT, STEPHANIE	
STREET ADDRESS	400 LAGUNA AVE.	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	99202 OVERSEAS HIGHWAY	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENAULT, MARLENE	
STREET ADDRESS	99202 OVERSEAS HIGHWAY	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	99202 OVERSEAS HIGHWAY	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENAULT, ALEXANDRE	
STREET ADDRESS	99202 OVERSEAS HIGHWAY	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael R. Denault* MICHAEL R. DENAULT 3/9/01 3054512478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)