

2000 UNIFORM BUSINESS REPORT (UBR)

3/4

DOCUMENT # J13199

1. Entity Name

KEY LARGO PROPERTIES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-04-2000 90014 026 ***150.00

Principal Place of Business

Mailing Address

HOLIDAY INN DOCKSTORE
99701 OVERSEAS HIGHWAY
KEY LARGO FL 33037
US

49 SPADEFISH LN
KEY LARGO FL 33037-5226
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number

59-2674390

Applied For

Not Applicable

Zip

Country

Zip

Country

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

INGALLS, JOYCE ANN
HOLIDAY INN DOCKSTORE
99701 OVERSEAS HIGHWAY
KEY LARGO FL 33037

Name James W. Hendricks Jr.
Street Address (P.O. Box Number is Not Acceptable)
49 Spadefish Ln
Key Largo FL 33037
City Key Largo State FL Zip Code 33037

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 James W. Hendricks Jr. President 03/24/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying) 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, 2000 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 ☐ Delete
NAME PD
STREET ADDRESS HENDRICKS, JAMES W.
CITY-ST-ZIP 49 SPADEFISH LN.
KEY LARGO FL

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

TITLE ☐ Delete
NAME DV
STREET ADDRESS HENDRICKS, JAMES W., JR.
CITY-ST-ZIP 99701 OVERSEAS HWY
KEY LARGO FL

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02
Date

Daytime Phone #

CR2E034 (9/99)