

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K24418

1. Entity Name

ISLAMORADA RESORT, INC.

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

08-08-2000 90016 028 ***550.00

Principal Place of Business

M.M. 82 BAYSIDE
89240 OVERSEAS HWY. SUITE 5
ISLAMORADA FL 33036
US

Mailing Address

POST OFFICE BOX 869
89240 OVERSEAS HWY. SUITE 5
ISLAMORADA FL 33036
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0056251

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

OTTO FITZDAM WAYNE
~~138 PLANTATION AVENUE~~
~~TAVERNIER FL 33070~~

Name

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

19890 SW 272 STREET

City

HOMESTEAD

FL

Zip Code

33031

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	ST	<input type="checkbox"/> Delete
NAME	OTTO-FITZDAM, WAYNE	
STREET ADDRESS	138 PLANTATION AVENUE	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JACOB, RICHARD	
STREET ADDRESS	81800 OVERSEAS HWY	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KULISKY, FRANK	
STREET ADDRESS	1101 MASTIC/POST OFFICE BOX 1267	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	19890 SW 272 STREET	
CITY-ST-ZIP	HOMESTEAD, FLORIDA 33031	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2305 FAR HILLS AVENUE #206	
CITY-ST-ZIP	DAYTON, OHIO 45419	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1101 MASTIC STREET	
CITY-ST-ZIP	P.O. Box 869 ISLAMORADA FL 33036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)