2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State
08-08-2000 90016 028 ***550.00

DOCUMENT # K24418

1. Entity Name
ISLAMORADA RESORT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
M.M. 82 BAYSIDE 89240 OVERSEAS HWY. SUITE 5 ISLAMORADA FL 33036 US	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
Zip / Country	Zip / Country

4. FEI Number 65-0056251 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	ST OTTO-FITZDAM, WAYNE ~~138 PLANTATION AVENUE~~ ~~TAVERNIER FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	19890 SW 272 STREET HOMESTEAD, FLORIDA 33031	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JACOB, RICHARD ~~81800 OVERSEAS HWY~~ ~~ISLAMORADA FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2305 FAR HILLS AVENUE #206 DAYTON, OHIO 45419	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KULISKY, FRANK 1101 MASTIC/POST ~~OFFICE BOX 1287~~ ISLAMORADA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1101 MASTIC STREET P.O. Box 869 ISLAMORADA FL 33036	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (5/00)

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 FRANK KULISKY FRANK KULISKY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #