

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009140

1. Entity Name
KEY WEST DEVELOPMENT, L.C.

Principal Place of Business
2720 A NO. ROOSEVELT BLVD.
KEY WEST FL 33040

Mailing Address
2720 A NO. ROOSEVELT BLVD.
KEY WEST FL 33040

2. Principal Place of Business
3340 N. Roosevelt Blvd

3. Mailing Address
3340 N. Roosevelt Blvd

Suite, Apt. #, etc.
Suite #6

Suite, Apt. #, etc.
Suite #6

City & State
Key West, FL

City & State
Key West, FL

Zip Country
33040 USA

Zip Country
33040 USA

6. Name and Address of Current Registered Agent

TOPPINO, PAUL E
2720 A NO. ROOSEVELT BLVD.
KEY WEST FL 33040

4. FEI Number

65-1061117

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME TOPPINO, PAUL E
STREET ADDRESS 2315 NO. ROOSEVELT BLVD.
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE MGR
NAME TOPPINO, EDWARD JR
STREET ADDRESS 165 KEY HAVEN ROAD
CITY-ST-ZIP KEY WEST FL 33040 ☐ Delete

TITLE MGR
NAME CUSIMANO, STEPHEN R
STREET ADDRESS 17334 LABRISA LANE
CITY-ST-ZIP SUGARLOAF KEY FL 33042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900004213849--6
-05/14/01--01016--006
*****50.00 *****50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/01

(305)295-0961

FILED

01 APR 26 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

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