

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90035 003 \*\*\*\*61.25

**DOCUMENT # N00000001736**

1. Entity Name

**THE ORIGINAL FLORIDA KEYS LADIES DOLPHIN TOURNAM  
 ENT, INC.**

Principal Place of Business

Mailing Address

**101425 OVERSEAS HWY  
 KEY LARGO FL 33037**

**101425 OVERSEAS HWY  
 KEY LARGO FL 33037**

2. Principal Place of Business

3. Mailing Address

**1519 AQUEDUCT LN.**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**KEY LARGO, FL**

4. FEI Number

**65-0996766**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33037**

**USA**

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

**CULLIN, ROBERT A  
 103761 OVERSEAS HWY., STE. 900  
 KEY LARGO FL 33037**

Name **WILLIAM MARKEY**  
 Street Address (P.O. Box Number is Not Acceptable)

**1519 AQUEDUCT LANE**

City **KEY LARGO**

**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

*William T. Markey* **WILLIAM T. MARKEY**

**4/4/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OTTO, MARK 40 HIGHPOINT RD. ISLAMORADA FL 33036</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARKEY, WILLIAM 1519 AQUEDUCT LN. KEY LARGO FL 33037</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHITLA, BARBARA 96000 OVERSEAS HWY., STE. 900 KEY LARGO FL 33037</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KELLY, FRANK 96000 OVERSEAS HWY., STE. 900 KEY LARGO FL 33037</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CULLIN, ROBERT P.O. BOX 1865 KEY LARGO FL 33037</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William T. Markey* **WILLIAM T. MARKEY** **4/5/02** **305-451-1285**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0017782