2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # N0000001740 1. Entity Name SOUTHERNMOST PARROT HEAD CLUB, INC. 04-30-2001 90053 001 ****61.25 Principal Place of Business Mailing Address P.O. BOX 1523 P.O. BOX 1523 KEY WEST FL 33041 KEY WEST FL 33041 102447 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-098365 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNHARDT, Street Address (P.O. Box Number is Not Acceptable) 701 Caroline Street JONES, BILLY **409 GREENE STREET** KEY WEST FL 33040 Zip Code 33040 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE M Delete TITLE Change ☐ Addition BERNHARDT. BRALEY, BRENDA NAME NAME 701 Caroline Street Key West, FL 33040 STREET ADDRESS P.O. BOX 1523 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KEY WEST FL 33041 TITLE ☐ Delete TITLE **X** Change Addition BERNHARDT, KIM NAME NAME 29185 Bougainvilla Lane Bis Pine Key, FL 33043 STREET ADDRESS P.O. BOX 1523 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33041 TITLE ☐ Delete TITLE Change NAME CARPENTER, DONNA NAME 330 Elizabeth Street STREET ADDRESS P.O. BOX 1523 STREET ADDRESS Key West, FL 33040 CITY-ST-ZIP KEY WEST FL 33041 CITY-ST-719 TITLE TITLE □ Detete Morgan, Jennifer 150 8 Duncan Street Addition NAME JONES, BILLY NAME STREET ADDRESS P.O. BOX 1523 STREET ADDRESS Key West, FL 33040 CITY-ST-ZIP CITY-ST-7IP KEY WEST FL 33041 TITLE Delete TITLE Addition McGann, Phil . A Change 775 Sawyer Drive Cudjoe Key, FL 33042 NAME ADAMS, KAREN NAME STREET ADDRESS P.O. BOX 1523 STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33041 CITY-ST-ZIP corbett, Steve 20-12 Southard Street TITLE Delete TITLE CHALKLEY, CINDY NAME NAME STREET ADDRESS P.O. BOX 1523 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KEY WEST FL 33041 Keywest, FL 33040 12. Thereby 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.

1-CHAEL BEANHARTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR