

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 08, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000002214**1. Entity Name  
AMELIA STREET COMDOMINIUM OWNERS' ASSOCIATION, INC.Principal Place of Business  
416-418 AMELIA ST.  
KEY WEST FL 33040  
Mailing Address  
416-418 AMELIA ST.  
KEY WEST FL 330402. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country3. Mailing Address  
P.O. BOX 4799  
Suite, Apt. #, etc.  
City & State  
KEY WEST FL  
Zip  
Country4. FEI Number  
Applied For  
☒ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
FAVELLI THOMAS  
1523 PATRICIA ST.  
KEY WEST FL 330407. Name and Address of New Registered Agent  
Name  
WLCEK GERALD  
Street Address (P.O. Box Number is Not Acceptable)  
416 AMELIA STREET  
City  
KEY WEST FL 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 **WLCEK GERALD****03/08/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	<input type="checkbox"/> Delete
D	TAYLOR LANIER I	416-418 AMELIA ST.	KEY WEST FL 33040	<input type="checkbox"/>
D	FAVELLI GEORGIA	1523 PATRICIA ST.	KEY WEST FL 33040	<input type="checkbox"/>
DPST	FAVELLI THOMAS	1523 PATRICIA ST.	KEY WEST FL 33040	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
D	CAHILL RANDALL	416-418 AMELIA STREET	KEY WEST FL 33040	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	WLCEK GERALD	416-418 AMELIA STREET	KEY WEST FL 33040	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wlcek Gerald**

Pres

03/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)