

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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FILED
Apr 21, 2002 8:00 am
Secretary of State

03-25-2002 90039 032 ****61.25

DOCUMENT # NOOOOOOOO2214

1. Entity Name

Amelia Sheet Condominium

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

416 Amelia Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4799

Suite, Apt. #, etc.

City & State

Key West FL

City & State

Key West FL

Zip 33040

Country USA

Zip 33041

Country USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

GERALD WLCEK

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

416 Amelia Street

City

Key West

FL

Zip Code

33040

**DO NOT WRITE
IN THIS SPACE**

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

GERALD WLCEK Gerald Wlcek

03.07.02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE GERALD WLCEK PRESIDENT
NAME
STREET ADDRESS 416 Amelia Street
CITY-ST-ZIP Key West FL 33040

TITLE LAVIER I. TAYLOR D
NAME
STREET ADDRESS 1 CFF. Center
CITY-ST-ZIP 416 Amelia St Key West FL 33040

TITLE RANDALL-CHARILL OFFICER
NAME
STREET ADDRESS 418 Amelia Street
CITY-ST-ZIP Key West, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

GERALD WLCEK Gerald Wlcek

03.07.02

Date 305-298-6577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR