

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12881

1. Entity Name

LONGBOAT KEY PUBLIC INTEREST COMMITTEE, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90135 045 ****61.25

Principal Place of Business

Mailing Address

1050 LONGBOAT CLUB RD
#501
LONGBOAT KEY FL 34228
US

P. O. BOX 8221
LONGBOAT KEY FL 34228-8221
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2471907

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROTHENBERG, LEE
561 BIRDIE LANE
LONGBOAT KEY FL 34228

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 \$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	0	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, CLAIRE		NAME	
STREET ADDRESS	4968 GMD, V22		STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL		CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY BLAIR		NAME	
STREET ADDRESS	561 PUTTER LN		STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL		CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISELMAN, MD, RUDY K		NAME	
STREET ADDRESS	775 LONGBOAT CLUB RD 603		STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSKOWITZ, RUTH		NAME	
STREET ADDRESS	2011 HARBOURSIDE DRIVE		STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE ROTHENBERG		NAME	
STREET ADDRESS	561 BIRDIE LN		STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL		CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN WEBSTER		NAME	
STREET ADDRESS	5555 GMD 101		STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUDY K MEISELMAN, MD TREAS

Date

Daytime Phone #

CR2E037 (9/99)