

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17703

1. Entity Name

NAMI/FLORIDA KEYS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90154 049 ****61.25

Principal Place of Business

1800 ATLANTIC BLVD A-203
PO BOX 5771
KEY WEST FL 33040
US

Mailing Address

1800 ATLANTIC BLVD A-203
PO BOX 5771
KEY WEST FL 33040-5390
US

2. Principal Place of Business

1126 Von Phister St.
Suite, Apt. #, etc.
Key West, FL
City & State

3. Mailing Address

1126 Von Phister St
Suite, Apt. #, etc.
Key West, FL
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2817825

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

GRABOIS, MITCHELL A.
1800 ATLANTIC BLVD A-203
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name Sara E. Lister

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

1126 Von Phister 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

Sara E. Lister

4-20-2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, AMY	
STREET ADDRESS	1104 GRIGNELL ST.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESPINOLA, EVELYN	
STREET ADDRESS	301 WHITE ST. APT. 7F	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, JERRY	
STREET ADDRESS	1300 ASHBY ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERSON, LECIL	
STREET ADDRESS	3536 NORTH SIDE CT.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	READ, SHERRY	
STREET ADDRESS	1509 PATRICIA STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MITCHELLA, GRABOIS M	
STREET ADDRESS	1800 ATLANTIC BLVD. A 203	
CITY-ST-ZIP	KEY WEST FL 33040	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Registered Agent and S.
STREET ADDRESS	Sara E. Lister
CITY-ST-ZIP	1126 Von Phister Street Key West, FL 33040

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

4-20-2000 305-292-2678

Date

Daytime Phone #

CR2E037 (9/99)