2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

**SIGNATURE:** 

Mar 28, 2002 8:00 am **DOCUMENT # N30698 Secretary of State** 1. Entity Name 02-20-2002 90139 011 \*\*\*\*61.25 ONE HUNDRED CLUB OF MONROE COUNTY, INC. Principal Place of Business Mailing Address C/O ROBERT K. MILLER C/O ROBERT K. MILLER 2975 OVERSEAS HIGHWAY 2975 OVERSEAS HIGHWAY MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0108409 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MILLER, ROBERT K. 2975 OVERSEAS HIGHWAY MARATHON FL 33050 Zip Code City FI 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Ġ Make Check Payable to 9. Election Campalon Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01 ☐ Chance ☐ Addition FITLE Delete TITLE PUTO, MICHAEL NAME MAME **CR2E037** STREET ADDRESS 700 89TH ST OCEAN STREET ADDRESS MARATHON FL 33050 CITY-ST-ZIP President ☐ Addition ☐ Delete MILE ΠILE MORO, PINO NAME NAME STREET ADDRESS STREET ADDRESS 185-6 INDIES DRIVE-CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 TITLE Change TITLE Delete WORTHINGTON, TRICH -NAME NAME 310 CALZADA DE BOUGAINVILLA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL ☐ Change Addition TITLE Delete TITLE WELLS, KEN NAME NAME STREET ADDRESS 1432 KENNEDY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7/2 KEY WEST FL 33040 Addition ☐ Delete TITLE IME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 rustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NAME OF SIGNING OFFICER OR DIRECTOR

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FILED