

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50832

1. Entity Name

FLORIDA KEYS RENAISSANCE FAIRE, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90013 029 ****61.25

Principal Place of Business

Mailing Address

6803 OVERSEAS HIGHWAY
MARATHON FL 33050

P O BOX 504306
MARATHON FL 33050-4306
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KIRWAN, DAVID P.
6803 OVERSEAS HIGHWAY
MARATHON FL 33050

4. FEI Number

65-0313250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | STAYDUHAR, ROSEMARY | |
| STREET ADDRESS | 131 ORANGE AVE | |
| CITY-ST-ZIP | MARATHON FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | STAYDUHAR, JOSEPH R. | |
| STREET ADDRESS | 131 ORANGE AVE | |
| CITY-ST-ZIP | MARATHON FL | |
| TITLE | D Feraco, Patricia | <input type="checkbox"/> Delete |
| NAME | FERALDO, PATRICIA | |
| STREET ADDRESS | 760 E OCEAN AVE #205N | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | PULIS, JOANNE | |
| STREET ADDRESS | 171 ORANGE AVE | |
| CITY-ST-ZIP | MARATHON FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | MAYBEE, TERESA | |
| STREET ADDRESS | 5147 MADISON RD | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 |
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| 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 | |

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:

Rosemary Stayduhar Pres, Rosemary Stayduhar 2/6/00 305-743-4386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)