

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51099

1. Entity Name

MONROE COUNTY OFFICIALS ASSOCIATION, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90005 017 ****70.00

Principal Place of Business

3739 CINDY AVENUE
KEY WEST FL 33040
US

Mailing Address

3739 CINDY AVENUE
KEY WEST FL 33040-4407
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2208 HARRIS AVE

Suite, Apt. #, etc.

3. Mailing Address

2208 HARRIS AVE

Suite, Apt. #, etc.

City & State

KEY WEST, FL

City & State

KEY WEST, FL

4. FEI Number

65-0381904

Applied For

Not Applied

Zip

33040-3830

Country

MONROE

Zip

33040-3830

Country

MONROE

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AVANT, OMIS
3739 CINDY AVE
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name
REED SCARBROUGH

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

2208 HARRIS AVE

City
KEY WEST

FL

Zip Code
33040-3

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 NAME STREET ADDRESS CITY-ST-ZIP	STD AVANT, OMIS 3739 CINDY LANE KEY WEST FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YATES, DONALD 98 BAY DRIVE BAY POINT FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILD, JOHN 2409 FOGARTY AVE KEY WEST FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T REED SCARBROUGH 2208 HARRIS AVE KEY WEST, FL 33040-3830	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLENWOOD LOPEZ 396 BALIDO ST KEY WEST, FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THERESE SCARBROUGH 2208 HARRIS AVE KEY WEST, FL 33040-3830	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

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

SIGNATURE:

SIGNATURE REQUIRED REED SCARBROUGH 2/5/00 305-296-700
Date Daytime Phone #