

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90073 015 ****61.25

DOCUMENT # N51099

1. Entity Name

MONROE COUNTY OFFICIALS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2208 HARRIS AVE
 KEY WEST FL 33040
 US

2208 HARRIS AVE
 KEY WEST FL 33040
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0381904

Applied For

Not Applicable

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

SCARBROUGH, REED
2208 HARRIS AVE
KEY WEST FL 33040

Name **Reed Scarbrough**
 Street Address (P.O. Box Number is Not Acceptable)

2208 Harris ave

City **Key West, FL**

Zip Code **33040-3830**

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 **STD** ☒ Delete
 NAME **AVANT, OMIS**
 STREET ADDRESS **3739 CINDY LANE**
 CITY-ST-ZIP **KEY WEST FL**

TITLE **STD** ☒ Change ☐ Addition
 NAME **Glenn Hayes sr.**
 STREET ADDRESS **228 Angela ST**
 CITY-ST-ZIP **Key West, FL 33040**

TITLE **VPD** ☒ Delete
 NAME **YATES, DONALD**
 STREET ADDRESS **98 BAY DRIVE**
 CITY-ST-ZIP **BAY POINT FL**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Glenwood Lopez**
 STREET ADDRESS **396 Balido ST.**
 CITY-ST-ZIP **Key West, FL 33040**

TITLE **DP** ☒ Delete
 NAME **WILD, JOHN**
 STREET ADDRESS **2409 FOGARTY AVE**
 CITY-ST-ZIP **KEY WEST FL**

TITLE **DP** ☒ Change ☐ Addition
 NAME **Reed Scarbrough**
 STREET ADDRESS **2208 Harris ave**
 CITY-ST-ZIP **Key West, FL 33040-3830**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

1-4-01

305-296-7009

Date

Daytime Phone #

CR2E037 (10/00)

0034655