

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000000919**

1. Entity Name

THE FLORIDA KEYS AVIATION ASSOCIATION, INC.**FILED****Jan 27, 2000 8:00 am
Secretary of State**

01-27-2000 90105 037 ****61.25

00010114

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

11587 OVERSEAS HWY
MARATHON FL 33050PO BOX 802
MARATHON FL 33050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Marathon Florida

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33050-0802

USA

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

FRIGOLA, ALFRED K
5701 OVERSEAS HIGHWAY
SUITE 17
MARATHON FL 33050

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	RAMSAY, THEA	1220 122ND STREET	MARATHON FL 33050				
VP	WINNER, MARION	2109 81ST ST GULF	MARATHON FL 33050				
TD	D'AUTO, ANTHONY	11685 2ND AVE	MARATHON FL 33050				
SD	RUDELL, RICHARD	P.O. BOX 82, 11685 2ND AVE	MARATHON FL 33050				
D	DE MORANVILLE, PAUL	890 79TH ST.	MARATHON FL 33050		Carol Collins	PO Box 501702	Marathon, FL 33050

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00 (305) 748-3444