

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

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

**DOCUMENT # N95000000919**

1. Entity Name

**THE FLORIDA KEYS AVIATION ASSOCIATION, INC.**

00010114



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11587 OVERSEAS HWY MARATHON FL 33050	Mailing Address PO BOX 802 MARATHON FL 33050
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 500802 Suite, Apt. #, etc.
---	--

City & State Marathon Florida	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
----------------------------------	---------------------------------	-------------------------------

Zip 33050-0802	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
-------------------	----------------	--

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RAMSAY, THEA</b> <b>1220 122ND STREET</b> <b>MARATHON FL 33050</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WINNER, MARION</b> <b>2109 81ST ST GULF</b> <b>MARATHON FL 33050</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>D'AIUTO, ANTHONY</b> <b>11685 2ND AVE</b> <b>MARATHON FL 33050</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RUDELL, RICHARD</b> <b>P.O. BOX 82, 11685 2ND AVE</b> <b>MARATHON FL 33050</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE MORANVILLE, PAUL</b> <b>890 79TH ST.</b> <b>MARATHON FL 33050</b> <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Carol Collins</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 501702</b> <b>Marathon, FL 33050</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **1/20/00 (305) 748-3444**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #