

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90132 034 ****61.25

DOCUMENT # N95000000919

1. Entity Name
THE FLORIDA KEYS AVIATION ASSOCIATION, INC.

Principal Place of Business Mailing Address
11597 OVERSEAS HWY PO BOX 500802
MARATHON FL 33050 MARATHON FL 33050

DUUUUUUU



DO NOT WRITE IN THIS SPACE

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 **NOT APPLICABLE** Applied For Not Applicable
 5. Certificate of Status Desired **\$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: _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	FINNEY, KEVIN A	
STREET ADDRESS	11202 SAVE GULF	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VP	<input type="checkbox"/> Delete
NAME	D'AVID, ANTHONY	
STREET ADDRESS	7500 GULFSTREAM BLVD.	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	TD	<input type="checkbox"/> Delete
NAME	D'AIUTO, ANTHONY	
STREET ADDRESS	11685 2ND AVE	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMSEY, RICHARD	
STREET ADDRESS	1220 122 ST	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOFIELD, NANCY	
STREET ADDRESS	56223 OCEAN DR.	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DOUMIS-NEAT, JOY	
STREET ADDRESS	63 SOMBRERO BEACH RD.	
CITY-ST-ZIP	MARATHON FL 33050	

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Down 2 Finney	
STREET ADDRESS	11202 Save. Gulf	
CITY-ST-ZIP	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: **Kevin A. Finney** Date: **4-8-02** Daytime Phone #: **105 243-6788**

CR2E037 (9/01)