

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

11587 OVERSEAS HWY
 MARATHON FL 33050

PO BOX 500802
 MARATHON FL 33050

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **P** ☐ Delete
 NAME **FINNEY, KEVIN A**
 STREET ADDRESS **11202 SAVE GULF**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **D'AVID, ANTHONY**
 STREET ADDRESS **7500 GULFSTREAM BLVD.**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **D'AUTO, ANTHONY**
 STREET ADDRESS **11685 2ND AVE**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **RAMSEY, RICHARD**
 STREET ADDRESS **1220 122 ST**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SCHOFIELD, NANCY**
 STREET ADDRESS **56223 OCEAN DR.**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **DOUMIS-NEAT, JOY**
 STREET ADDRESS **63 SOMBRERO BEACH RD.**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☒ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS **Down 2 Finney**
 CITY-ST-ZIP **11252 Save. Gulf**
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 of Joy Doumis-Neat
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-02 105 243-6788

CR2E037 (9/01)