

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002673

1. Entity Name

FLORIDA KEYS DISCOVERY, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90376 023 ****61.25

Principal Place of Business

2331 PENSACOLA ROAD
BIG PINE KEY FL 33043

Mailing Address

POST OFFICE BOX 430137
BIG PINE KEY FL 33043-0137

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0590409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERSKINE, LARRY A
31211 AVENUE A
SUITE 1
BIG PINE KEY FL 33043

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

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	ELDRIDGE, BARBARA B	
STREET ADDRESS	7548 GULFSTREAM BLVD	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BETTIS, MARGO	
STREET ADDRESS	POB 522857 N/A	
CITY-ST-ZIP	MARATHON SHORES FL 33052-2857	
TITLE	SD	<input type="checkbox"/> Delete
NAME	D'ANTONIO, SUSANN	
STREET ADDRESS	30262 POINCIANA RD	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURRELL, WINSTON	
STREET ADDRESS	7 ARBUTUS	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLUPPER, JAMES M	
STREET ADDRESS	POB 1129 N/A	
CITY-ST-ZIP	ISLAMORADA FL 33036-1129	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KLIPPEN, LEONARD E	
STREET ADDRESS	29122 GUAVA LN	
CITY-ST-ZIP	BIG PINE KEY FL 33043-6060	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNE DELANEY	
STREET ADDRESS	19 MERIDIAN AVE.	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE DELL	
STREET ADDRESS	30646 OVERSEAS HWY.	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD DERRETH	
STREET ADDRESS	250 KEY DEER BLVD.	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN GALLAGHER	
STREET ADDRESS	P.O. BOX 500130	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL WILKS	
STREET ADDRESS	1800 ATLANTIC BLVD, #410	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Leonard E. Klippen
Leonard E. Klippen
President

4/27/00

(305) 872-3215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)