

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90124 016 \*\*\*\*61.25  
 09-01-2000 90004 042 \*\*\*\*70.00

**DOCUMENT # N96000003124**

1. Entity Name  
**HEART OF THE KEYS TOURISM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**12222 OVERSEAS HIGHWAY 12222 OVERSEAS HIGHWAY**  
**MARATHON FL 33050 MARATHON FL 33050**

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

**FORTMANN, KATHI**  
**11833 OVERSEAS HIGHWAY**  
**MARATHON FL 33050**

7. Name and Address of New Registered Agent

Name **WANDA BROCK, PRESIDENT**  
 Street Address (P.O. Box Number is Not Acceptable) **4650 OVERSEAS HIGHWAY**  
 City **MARATHON** FL Zip Code **33050**

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**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DALE, PAUL</b>	
STREET ADDRESS	<b>61 HAWKS CAY BLVD</b>	
CITY-ST-ZIP	<b>MARATHON FL 33050</b>	
TITLE	<b>FORTMANN, KATHI</b>	<input type="checkbox"/> Delete
NAME	<b>11833 OVERSEAS HIGHWAY</b>	
STREET ADDRESS	<b>MARATHON FL 33050</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROLL, CHERYL</b>	
STREET ADDRESS	<b>PO BOX 522647</b>	
CITY-ST-ZIP	<b>MARATHON FL 33052</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HATHAWAY, ERIC</b>	
STREET ADDRESS	<b>137 GOLF CLUB DRIVE</b>	
CITY-ST-ZIP	<b>MARATHON FL 33050</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIGLETARY, DON</b>	
STREET ADDRESS	<b>1688 OVERSEAS HWY</b>	
CITY-ST-ZIP	<b>MARATHON FL 33050</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HART, VICKI</b>	
STREET ADDRESS	<b>PO BOX 510828</b>	
CITY-ST-ZIP	<b>KEY COLONY BEACH FL 33051</b>	

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	<b>DIRECTOR</b>	<input checked="" 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	<b>TREASURER / DIRECTOR</b>	<input checked="" 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	<b>SECRETARY / DIRECTOR</b>	<input checked="" 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:

**J. ERIC HATHAWAY**  
**TREASURER**

**305-743-3500**

CR2E037 15/001