## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N96000004839

Entity Name: TOUCHDOWN CLUB OF KEY WEST, INC.

Apr 30, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3104 FLAGLER 1714 N. ROOSEVELT BLVD KEY WEST, FL 33040 KEY WEST, FL 33040 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 5114

KEY WEST, FL 33045 US

FEI Number: 65-0706952 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPOTTSWOOD, WILLIAM B 500 FLEMING STREET KEY WEST, FL 33040

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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete MECHALSKE, RODNEY D Name:

37 1ST ST Address:

City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete BRINGLE, LYNDA K Name:

Address: 3112 RIVIERA DR City-St-Zip: KEY WEST, FL 33040

Title: () Delete CONDELLA, DEBORAH Name:

3104 FLAGLER AVE Address: City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete MECHALSKE, MICHELLE Name:

Address: 37 1ST ST

City-St-Zip: KEY WEST, FL 33040

(X) Change ( ) Addition

GARCIA, ROBERT Name:

Address: 1714 N ROOSEVELT BLVD. City-St-Zip: KEY WEST, FL 33040

Title: (X) Change ( ) Addition

Name: LABRADA, PATRICK G Address: 15 EMERALD DRIVE City-St-Zip: KEY WEST, FL 33040

Title: (X) Change ( ) Addition

PHILLIPS, CHRIS Name: 27390 BARBADOS LANE Address: City-St-Zip: SUGARLOAF KEY, FL 33042

Title: SD (X) Change ( ) Addition

Name: BETHEL, GLADYS

Address: 2100

City-St-Zip: HARRIS AVENUE, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK G LABRADA TD 04/30/2002