

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

5/23/

05-23-2003 90145 035 \*\*\*\*61.25

**DOCUMENT # N96000004839**

1. Entity Name

**TOUCHDOWN CLUB OF KEY WEST, INC.**



Principal Place of Business

1714 N. ROOSEVELT BLVD  
KEY WEST FL 33040  
US

Mailing Address

P.O. BOX 5114  
KEY WEST FL 33045  
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 420424

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Summerland Key, FLA

Zip

Country

Zip

33042

Country

MOURNE

4. FEI Number 65-0706952

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SPOTTSMOOD, WILLIAM B  
500 FLEMING STREET  
KEY WEST FL 33040

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME GARCIA, ROBERT *Director* ☐ Delete  
STREET ADDRESS 1714 N ROOSEVELT BLVD.  
CITY-ST-ZIP KEY WEST FL 33040

TITLE TD  
NAME LABRADA, PATRICK G ☒ Delete  
STREET ADDRESS 15 EMERALD DRIVE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE VD  
NAME PHILLIPS, CHRIS ☒ Delete  
STREET ADDRESS 27390 BARBADOS LANE  
CITY-ST-ZIP SUGARLOAF KEY FL 33042

TITLE SD  
NAME BETHEL, GLADYS *Director* ☐ Delete  
STREET ADDRESS 2100  
CITY-ST-ZIP HARRIS AVENUE FL 33040

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE VD *James P. 3, DANNY* ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 3201 FLAGLER AVE APT 607  
CITY-ST-ZIP KEY WEST, FL 33040

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

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

TITLE ☐ Change ☐ 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 employment.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)