

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001587

1. Entity Name

PEN KEY CLUB, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90264 013 ****61.25

Principal Place of Business M.M. 83.1 OVERSEAS HIGHWAY ISLAMORADA FL 33036	Mailing Address P.O. BOX 1089 ISLAMORADA FL 33036-1089
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-0855006	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MILLS, BEN
83200 OVERSEAS HIGHWAY
ISLAMORADA FL 33036**

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 *Michael S. Duerr* DATE 2/26/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 PD	<input type="checkbox"/> Delete
NAME CAMPBELL, BARRY MD	
STREET ADDRESS MM 831 OVERSEAS HWY	
CITY-ST-ZIP ISLANORADA FL 33036	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME HOLM, KNUT MD	
STREET ADDRESS P O BOX 1168	
CITY-ST-ZIP ISLA NORADA FL 33036	
TITLE D	<input type="checkbox"/> Delete
NAME HUNSEY, ERNEST L	
STREET ADDRESS P O BOX 1398 N/A	
CITY-ST-ZIP ISLANORADA FL 33036	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME BREON, BILL	
STREET ADDRESS P O BOX 1041 NA	
CITY-ST-ZIP ISLAMORADA FL 33036	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME MORRICE, GEORGE	
STREET ADDRESS P O BOX 1102	
CITY-ST-ZIP ISLAMORADA FL 33036	
TITLE DP	<input checked="" type="checkbox"/> Delete
NAME MACLAUGHLIN, MAC	
STREET ADDRESS P O BOX 1125	
CITY-ST-ZIP ISLAMORADA FL 33036	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICHAEL DUERR	
STREET ADDRESS P.O. BOX 1489	
CITY-ST-ZIP ISLAMORADA, FL 33036	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETER REDDIN	
STREET ADDRESS P.O. BOX 309	
CITY-ST-ZIP ISLANORADA, FL. 33036	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRADY BYRD	
STREET ADDRESS P.O. BOX 1760	
CITY-ST-ZIP ISLANORADA, FL. 33036	
TITLE D	<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 another like empowered.

SIGNATURE: *Michael S. Duerr* DATE: 2/25/00 DAYTIME PHONE #: 305-664-8471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)