

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005307

1. Entity Name

3714 FLAGLER AVENUE, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90180 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3714 FLAGLER AVENUE  
KEY WEST FL 33040

3714 FLAGLER AVENUE  
KEY WEST FL 33040-4529

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

65-0867417

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

KLITENICK, RICHARD M  
402 APPELROUTH LANE  
KEY WEST FL 33040

Name

VALEGA, Pat

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

3714 FLAGLER AVENUE INC

3714 FLAGLER AVE

City

KEY WEST

FL

Zip Code

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.

SIGNATURE

*Pat Valera*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/00

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, BERNARD	
STREET ADDRESS	P.O. BOX 2181	
CITY-ST-ZIP	KEY WEST FL 33045	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUIR-ISHERWOOD, JANE	
STREET ADDRESS	1207 16TH TERRACE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEECE, ROBERT	
STREET ADDRESS	1164 WICKER DR.	
CITY-ST-ZIP	COLONIAL HEIGHTS VA 23834	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PROSSER, NANCY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PO BOX 215	
STREET ADDRESS	KEY WEST FL 33041	
CITY-ST-ZIP		
TITLE		<input 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		<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: X

*Pat Valera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000  
Date

305.296.0341  
Daytime Phone #

CR2E037 (9/99)