

2001 UNIFORM BUSINESS REPORT (UBR)

1/17/01-5

FILED

Feb 13, 2001 8:00 am
Secretary of State

01-17-2001 90092 007 ****61.25

DOCUMENT # N98000005307

1. Entity Name

3714 FLAGLER AVENUE, INC.

Principal Place of Business

**3714 FLAGLER AVENUE
KEY WEST FL 33040**

Mailing Address

**3714 FLAGLER AVENUE
KEY WEST FL 33040**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0867417

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

VALERGA, PAT

**3714 FLAGLER AVENUE, INC.
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **Reverend Stephen Braddock, Ph.D.**

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

113 GULF CLUB DRIVE

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

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

(NOTE: Registered Agent signature required when reinstating)

01/08/01
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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BROWN, BERNARD**
STREET ADDRESS **P.O. BOX 2181**
CITY-ST-ZIP **KEY WEST FL 33045**

TITLE **D** ☐ Delete
NAME **ROSSELL, NANCY**
STREET ADDRESS **PO BOX 215**
CITY-ST-ZIP **KEY WEST FL 33041**

TITLE **D** ☐ Delete
NAME **NEECE, ROBERT**
STREET ADDRESS **1164 WICKER DR.**
CITY-ST-ZIP **COLONIAL HEIGHTS VA 23834**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P D** ☒ Change ☐ Addition
NAME **Brown, Bernard**
STREET ADDRESS **PO Box 2181**
CITY-ST-ZIP **Key West, FL 33045**

TITLE **V D** ☒ Change ☐ Addition
NAME **Rossell, Nancy**
STREET ADDRESS **PO Box 215**
CITY-ST-ZIP **Key West, FL 33041**

TITLE **S D** ☒ Change ☐ Addition
NAME **Neece, Robert**
STREET ADDRESS **1164 Wicker Drive**
CITY-ST-ZIP **Colonial Heights, VA 23834**

TITLE **D** ☐ Change ☒ Addition
NAME **Bjork, Art**
STREET ADDRESS **PO Box 421327**
CITY-ST-ZIP **Summerland Key, FL 33042**

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/04/01 305-292064

CR2E037 (10/00)