

**.2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N98000006158

1. Entity Name

PARADISE ISLANDS OF MONROE COUNTY, INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90211 018 \*\*\*\*61.25

A0063133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3688 TREASURE ISLAND ST.

3. Mailing Address

c/o JAMES D. CAMERON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1561 NARCISSUS AVE.

City &amp; State

BIG PINE KEY, FL

City &amp; State

BIG PINE KEY, FL

4. FEI Number

65-0881205

Applied For

Not Applicable

Zip

33043

Country

US

Zip

33043

Country

US

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

JAMES D. CAMERON

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

1561 NARCISSUS AVE.

City

BIG PINE KEY

FL

Zip Code

33043

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



JAMES D. CAMERON

4-25-01

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Delete
NAME	ROBERT E. REECE	
STREET ADDRESS	3688 TREASURE ISLAND ST.	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/D	<input type="checkbox"/> Delete
NAME	JUDY A. SHEPHARD	
STREET ADDRESS	29438 SARATOGA AVE.	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T/D	<input type="checkbox"/> Delete
NAME	JAMES D. CAMERON	
STREET ADDRESS	1561 NARCISSUS AVE.	
CITY-ST-ZIP	BIG PINE KEY, FL 33043	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

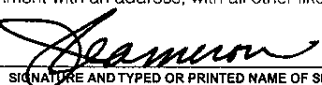
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<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		

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:



JAMES D. CAMERON

4-25-01

305-872-7237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)