

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007086

1. Entity Name

KEY WEST GOAL CLUB, INC.

Principal Place of Business

916 GEORGIA ST.
KEY WEST FL 33040

Mailing Address

916 GEORGIA ST.
KEY WEST FL 33040-7218

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

65-0901913

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

MEYER, JEFFREY B ESQ.
31211 AVE. A.
BIG PINE KEY FL 33043

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

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 PD ☐ Delete
NAME CROWLEY, MAUREEN
STREET ADDRESS 1419 ROSE STREET
CITY-ST-ZIP KEY WEST FL 33040

TITLE D/T ☐ Change ☒ Addition
NAME Rivas, Joanne
STREET ADDRESS 3202 Riviera Drive
CITY-ST-ZIP Key West, FL 33040

TITLE D ☒ Delete
NAME VAN LEUVEN, AMY
STREET ADDRESS 29034 GERANIUM AVE
CITY-ST-ZIP BIG PINE KEY FL 33043

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

TITLE D ☐ Delete
NAME THOMMES, SUSAN
STREET ADDRESS 511 SAWYER DR
CITY-ST-ZIP OUDJOE KEY FL 33042

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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:

Joanne Rivas, D/T

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

(305) 296-5454

Daytime Phone #

CF2E037 (9/99)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90135 009 ****61.25

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DO NOT WRITE IN THIS SPACE