2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N99000000473 Sep 15, 2000 8:00 am Secretary of State 1. Entity Name VILLAGE OF THE LOWER KEYS, INC. 03-01-2000 90061 009 ****61.25 3. 1. 1. 1. 1. 09-15-2000 90010 003 ****61.25 Principal Place of Business Mailing Address %GERALD W PLETAN, ESQUIRE 25000 OVERSEAS HWY SUMMERLAND KEY FL 33042 PO BOX 420008 MUDIULOU SUMMERLAND KEY FL 33042 2. Principal Place of Business 3. Mailing Address 425 Eaton 425 Eaton St. Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE 54. 54, A City & State Applied For 4. FEI Number City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П 30410 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ercela Street Address (P.O. Box Number is Not Acceptable) PLETAN, GERALD W 25000 OVERSEAS HWY SUMMERLAND KEY FL 33042 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be ... Trust Fund Contribution. **Department of State** Added to Fees 'After September 13, 2000 min. will be \$236.25 JENN MITTER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition Delete TITLE TITLE KEMP. DEWAYNE NAME NAME STREET ADDRESS STREET ADDRESS 22386 LAFITTE DR CITY-ST-ZIP CITY-ST-ZIP CUDJOE KEY FL 33042 Addition TITLE ☐ Delete TITLE NAME PLETAN, GERALD W NAME STREET ADDRESS PO BOX 420008 N/A STREET ADDRESS CITY-ST-ZiP CAY-ST-ZIP SUMMERLAND KEY FL 33042 Addition Delete TITLE TIT) F Arthur North HAGGARD, JAY NAME NÀME 524 w, shore Dr. STREET ADDRESS STREET ADDRESS 746 E CARIBBEAN Summer land Ken, FL 33042 CITY-ST-ZIP CITY-ST-ZIP SUMMERLAND KEY FL 33042 Addition TD Delete T(T) F TIFLE SULLIVAN, BRIAN NAME NAME 22861 Buccaneer Dr STREET ADDRESS STREET ADDRESS 24478 OVERSEAS HWY 5ummerland Key, FL 33042 CITY-ST-7IP CITY-ST-7IP SUMMERLAND KEY FL 33042 ☐ Change ☐ Addition TITLE Delete TITLE NAME SWIFT, DAVID NAME STREET ADDRESS PO BOX 211 STREET ADDRESS CUDJOE KEY FL 33042 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME MONTALTO, MICHAEL NAME 924 FLAĞSHIP DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUMMERLAND KEY FL 33042 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 attachine with an address, with all other like empowered.

305-872-4061

SIGNATURE AND TYPED OF WINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: