

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003800

1. Entity Name

KEY WEST POKER RUN, INC.

Principal Place of Business

Mailing Address

1113 TRUMAN AVE.
KEY WEST FL 33040

1113 TRUMAN AVE.
KEY WEST FL 33040

2. Principal Place of Business

Mailing Address

1113 TRUMAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West

City & State

Key West FL

Zip

Country

Zip

Country

33040 Monroe

4. FEI Number

APPLIED FOR

☒ 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

KELLEY, ALBERT L
926 TRUMAN AVE
KEY WEST FL 33040

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
NAME HORNE, DEBBIE ☐ Delete
STREET ADDRESS 1113 TRUMAN AVE
CITY-ST-ZIP KEY WEST FL 33040

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

TITLE STD
NAME HORNE, MIKE ☐ Delete
STREET ADDRESS 1113 TRUMAN AVE
CITY-ST-ZIP KEY WEST FL 33040

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

TITLE VD
NAME SMITH, DAVID ☐ Delete
STREET ADDRESS 1113 TRUMAN AVE
CITY-ST-ZIP KEY WEST FL 33040

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: MICHAEL HORNE STD 1-18-02K 305-2943082

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90007 047 ****61.50



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)