

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **1199000004713**

1. Entity Name

ARTIFICIAL REEFS OF THE KEYS, INC.
2016 ROOSEVELT Drive
KEY WEST FL 33040

Principal Place of Business

Mailing Address

Same

C/O CHARLES H. DEY
1325 SOUTH NEW STREET RD.
WEST CHESTER PA 19382

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0926245

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

JOSEPH P. WEATHERBY
2016 ROOSEVELT Drive
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

TITLE **President and Director** ☐ Delete
NAME **JOSEPH P. WEATHERBY**
STREET ADDRESS **2016 ROOSEVELT DRIVE**
CITY-ST-ZIP **KEY WEST, FL.**

TITLE **SECRETARY and Director** ☐ Delete
NAME **SHERI L. LOHR**
STREET ADDRESS **305 WHITEHEAD STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **TREASURER and DIRECTOR** ☐ Delete
NAME **CHARLES H. DEY**
STREET ADDRESS **1325 SOUTH NEW STREET ROAD**
CITY-ST-ZIP **WEST CHESTER, PA 19382-840**

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

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

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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

CHARLES H. DEY

4/25/01

609-261-3388

Date

Daytime Phone #

FILED

May 21, 2001 8:00 am
Secretary of State

05-21-2001 90360 013 ****61.25

A0070751

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)