

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064373

1. Entity Name

MURPHY'S UPPER KEYS, INC.

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90269 038 \*\*\*150.00

Principal Place of Business

1053 LAGOON DR.  
SUMMERLAND KEY FL 33042

Mailing Address

1053 LAGOON DR.  
SUMMERLAND KEY FL 33042

718505



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

130 Ocean Bay Dr.  
Suite, Apt. #, etc.

3. Mailing Address

130 Ocean Bay Dr.  
Suite, Apt. #, etc.

City & State

Key Largo FL

City & State

Key Largo FL

4. FEI Number

65-1030549

Applied For

Not Applicable

Zip

Country

33037

USA

Zip

Country

33037

USA

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

MURPHY, PATRICIA A  
1053 LAGOON DR.  
SUMMERLAND KEY FL 33042

Name

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

130 Ocean Bay Dr

City

Key Largo

FL

Zip Code

33037

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 Patricia A. Murphy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/01

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ~~President/Secretary~~ ☐ Delete

NAME Patricia A. Murphy error  
STREET ADDRESS 130 Ocean Bay Dr.  
CITY-ST-ZIP Key Largo FL 33037

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~President/Secretary~~ ☐ Change ☒ Addition

NAME Patricia A. Murphy  
STREET ADDRESS 130 Ocean Bay Dr.  
CITY-ST-ZIP Key Largo FL 33037

TITLE ☐ Change ☒ Addition

NAME James R. Murphy  
STREET ADDRESS Vice President/Treasurer  
CITY-ST-ZIP 130 Ocean Bay Dr.  
Key Largo FL 33037

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia A. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

DATE

305-451-5141

Daytime Phone #

CR2E034 (10/00)