FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 06, 2001 8:00 am Secretary of State DOCUMENT # P00000073653 1. Entity Name 08-01-2001 90198 050 ***550.00 FLORIDA KEYS SAILBOAT PARTNERS, INC. Principal Place of Business Mailing Address 6031 GLENDALE DRIVE 6031 GLENDALE DRIVE **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address uite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State SAME 4. FEI Number 31-1752291 City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NO-CHANGE STEVENS, ROBERT Street Address (P.O. Box Number is Not Acceptable) 6031 GLENDALE DRIVE -BOCA RATON FL 33433 Zip Code 8. The above named entity submits this statement if for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed named legistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND/DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIRECTOR TITLE . , d Delete TITLE ☐ Change Addition (5/01 ROWALD BLOOM 7105 HARBOUR LANDING ELECTIONS NAME NAME NOT HELD STREET ADDRESS STREET ADDRESS ALPHARETTA, GA 30005 CITY-ST-ZIP CITY-ST-ZIP KW CORPORATON DIRECTOR TITLE Delete TITI F ☐ Change Addition ¥ ROBERT STEVENS NAME NAME GO31 GLENDALE DR. STREET ADDRESS STREET ADDRESS BOCA RATON, FL 31+33 CITY-ST-ZIP CITY-ST-ZIP TITLE Deleie TITLE (2)(Addition ☐ Chance DIRECTOR MATTHEW GRACEY NAME NAME 109-MARBOR DRIVE STREET ADDRESS STREET ADDRESS -----DELRAY BEACH FL 33+33 CITY-ST-ZIP~ CITY-ST-ZIP DIRECTOR RUTLE DEE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 728 St. ALBANS STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33486 CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE DIRECTOR ☐ Change Addition RICHARD CHANIN BOCS N.W. BOTH WAY NAME NAME STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 trusted 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. TUME PAGNERACENT SIGNATURE:

SE FLORIDA KEYS SALIBOAT PARTURIES