

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091351

1. Entity Name
DUCK KEY HARBOR, INC.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90008 013 ***150.00

Principal Place of Business

1149 GREENBRIAR ROAD
DUCK KEY FL 33050

Mailing Address

1149 GREENBRIAR ROAD
DUCK KEY FL 33050

2. Principal Place of Business

Duck Key Marina

Suite, Apt. #, etc.
1149 Greenbriar Road

City & State
Duck Key FL 33050

Zip
33050

Country

3. Mailing Address

Duck Key Marina

Suite, Apt. #, etc.
1149 Green Briar Road

City & State
Duck Key FL 33050

Zip
33050

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-1043906

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

WOLFE, JOHN J
2975 OVERSEAS HIGHWAY
MARATHON FL 33050

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIERMANN, MICHAEL
1149 GREENBRIAR ROAD
DUCK KEY FL 33050 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIERMANN, MELISSA
1149 GREENBRIAR ROAD
DUCK KEY FL 33050 ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Melissa Liermann

Melissa Liermann

3/15/01

305-289-0161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)