

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001146

1. Entity Name

SUNSET HARBOR DEVELOPMENT CORPORATION

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90085 048 \*\*\*150.00

Principal Place of Business

600 FRONT STREET  
SUITE B-7  
KEY WEST FL 33040  
US

Mailing Address

600 FRONT STREET  
SUITE B-7  
KEY WEST FL 33040-6687  
US

938853

2. Principal Place of Business

506 Fleming St.  
Suite, Apt. #, etc.

3. Mailing Address

506 Fleming St.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KEY WEST, FL

City & State

KEY WEST, FL

4. FEI Number

65-0396629

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33040

Country

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

SPOTTSWOOD, ROBERT A  
600 FRONT STREET  
SUITE B-7  
KEY WEST FL 33040

Name

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

506 FLEMING ST

City

KEY WEST

FL

Zip Code

33040

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, 2000 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 DPT  
NAME SPOTTSWOOD, ROBERT A  
STREET ADDRESS 600 FRONT STREET, SUITE B-7  
CITY-ST-ZIP KEY WEST FL ☐ Delete

TITLE DS  
NAME SPOTTSWOOD, JOHN M JR  
STREET ADDRESS 500 FLEMING STREET  
CITY-ST-ZIP KEY WEST FL ☐ Delete

TITLE D  
NAME SPOTTSWOOD, WILLIAM B  
STREET ADDRESS 500 FLEMING STREET  
CITY-ST-ZIP KEY WEST FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS 506 FLEMING ST.  
CITY-ST-ZIP KEY WEST, FL 33040 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-00 (305) 294-6100