

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004588

1. Entity Name

TRUMAN ANNEX PROPERTIES, INC.

Principal Place of Business

Mailing Address

6450 E JR. COLLEGE RD
KEY WEST FL 33040
US

P.O. BOX 5886
KEY WEST FL 33041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLISON, JOHN R III
200 S. BISCAYNE BLVD.
SUITE 4910
MIAMI FL 33131

Name

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

City

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 re-registering)

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-STATE-ZIP
☐ Delete

P
RYSMAN, PETER
60 GOLF CLUB DRIVE
KEY WEST FL 33040

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

S
CREATH, JACQUELINE
60 GOLF CLUB DRIVE
KEY WEST FL 33040

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

VT
JOHNSTON, ANN E
60 GOLF CLUB DRIVE
KEY WEST FL 33040

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☒ Change ☐ Addition

president
Pritam Singh
60 Golf Club Dr.
Key West, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☒ Change ☐ Addition

vice president
Nancy Hagel
60 Golf Club Dr
Key West, FL 33040

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

secretary
Robert D. Raphael
60 Golf Club Dr.
Key West, FL 33040

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☒ Change ☐ Addition

treasurer
Robert D. Raphael
60 Golf Club Dr.
Key West, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-STATE-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)(f), 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:

Nancy Hagel - Vice President

4/13/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90102 041 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0464118

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

0491594