

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**  
 04-26-2000 90152 028 \*\*\*150.00

**DOCUMENT # P94000076886**

1. Entity Name

**KEY WEST GOLF CLUB DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

**E JR. COLLEGE RD  
 WEST FL 33040**

**P.O. BOX 5886  
 KEY WEST FL 33045-5886**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0534831**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

**FL**

Zip Code

**ALLISON, JOHN R III  
 100 SE 2 ST  
 SUITE 3350  
 MIAMI FL 33131**

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 ☐ Delete

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

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

**VPTD  
~~BEHMKE, JOHN~~  
~~60 GOLF CLUB DRIVE~~  
~~KEY WEST FL 33040~~**

TITLE ☒ Change ☐ Addition

**VPTD  
 JOHN BEHMKE  
 60 GOLF CLUB DR.  
 KEY WEST, FL 33040**

TITLE ☐ Delete

**VPAS  
 ALLISON, JOHN R III  
 60 GOLF CLUB DRIVE  
 KEY WEST FL 33040**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

**S  
 CREATH, JAQUELINE E  
 60 GOLF CLUB DRIVE  
 KEY WEST FL 33040**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

**D  
 JOHNSTON, ANNE E  
 60 GOLF CLUB DRIVE  
 KEY WEST FL 33040**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jaqueline E. Creath, Secretary*

3/1/00

305-296-5601

CR2E034 (9/99)