

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90116 006 \*\*\*150.00

DOCUMENT # P94000076886

1. Entity Name  
KEY WEST GOLF CLUB DEVELOPMENT, INC.



Principal Place of Business  
~~270 GOLF CLUB DRIVE~~ 1010 Kennedy Dr.  
KEY WEST FL 33040

Mailing Address  
~~270 GOLF CLUB DRIVE~~ 1010 Kennedy Dr.  
KEY WEST FL 33040



2. Principal Place of Business  
1010 Kennedy Dr

3. Mailing Address  
1010 Kennedy Dr

☒ CHECK HERE IF MAKING CHANGES

City & State  
Key West FL

Zip Country  
33040 USA

4. FEI Number 65-0534831

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ALLISON, JOHN R III  
100 SE 2 ST  
SUITE 3350  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	RAPHEL, ROBERT D	
STREET ADDRESS	1025 TRAYLOR BLVD	
CITY-ST-ZIP	1010 Kennedy Dr. KEY WEST FL 33040	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAGEL, NANCY	
STREET ADDRESS	1025 TRAYLOR BLVD	
CITY-ST-ZIP	1010 Kennedy Dr. KEY WEST FL 33040	
TITLE	P	<input type="checkbox"/> Delete
NAME	SINGH, PRITAM	
STREET ADDRESS	1025 TRAYLOR BLVD	
CITY-ST-ZIP	1010 Kennedy Dr. KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #1

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1010 Kennedy Dr.	
STREET ADDRESS	Key West, FL 33040	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1010 Kennedy Dr.	
STREET ADDRESS	Key West, FL 33040	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1010 Kennedy Dr.	
STREET ADDRESS	Key West, FL 33040	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Hagel President 2/10/03 305-296-5601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)