

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027341

1. Entity Name

WELCOME CENTER OF THE FLORIDA KEYS, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90103 045 \*\*\*150.00

Principal Place of Business

Mailing Address

3840 N. ROOSEVELT BLVD  
KEY WEST FL 33040  
US

5570 3RD AVE  
KEY WEST FL 33040-6032  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0569778

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

HENDRICK, JAMES T ESQ.  
317 WHITTHRAD ST.  
KEY WEST FL 33040

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, 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 PDS  
NAME SALINERO, FEDERICK  
STREET ADDRESS 79 CANNON ROYAL DRIVE  
CITY-ST-ZIP KEY WEST FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS 5570 3rd AVE  
CITY-ST-ZIP KEY WEST, FL 33040 ☒ Change ☐ Addition

TITLE D  
NAME SALINERO, MARILYN P  
STREET ADDRESS 79 CANNON ROYAL DRIVE  
CITY-ST-ZIP KEY WEST FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS 5570 3rd AVE  
CITY-ST-ZIP KEY WEST, FL 33040 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00 305-244-7616