

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068361

1. Entity Name

TNG OF KEY WEST, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90066 022 ***150.00

Principal Place of Business

503 GREENE ST
KEY WEST FL 33040

Mailing Address

23 AMARYLLIS DR
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

926 Truman Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key West FL

FL

Zip

Country

Zip

33040

Country

4. FEI Number

65-0609054

Applied For

Not Applicable

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

GREAGER, CLAY
23 AMARYLLIS DR.
KEY WEST FL 32040

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, 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	P	<input type="checkbox"/> Delete
NAME	GREAGER, CLAY	
STREET ADDRESS	23 AMARILLIS DR	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, JAMI R	
STREET ADDRESS	5 MILLIE DR	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/18/01

Date

305-294-8008

Daytime Phone #

CR2E034 (10/00)