

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027090

1. Entity Name

KEY WEST BREWERY INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90002 034 ***550.00

Principal Place of Business

1209 OLIVIA STREET
KEY WEST FL 33040

Mailing Address

1209 OLIVIA STREET
KEY WEST FL 33040

2. Principal Place of Business

99 CALLE UNO

3. Mailing Address

99 CALLE UNO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY WEST FL

City & State

KEY WEST FL

4. FEI Number

65-0730074

Applied For

Not Applicable

Zip

33040

Country

MONROE

Zip

33040

Country

MONROE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARKS, KIM
11900 BISCAYNE BLVD.
#290
MIAMI FL 33181

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PD ☐ Delete
NAME BOHMFALK, BILL
STREET ADDRESS 1209 OLIVIA ST
CITY-ST-ZIP KEYWEST FL 33040

TITLE S ☐ Delete
NAME PATTON, JAMES
STREET ADDRESS 818 ASHE
CITY-ST-ZIP KEYWEST FL 33040

TITLE D ☐ Delete
NAME SCHINDLER, MARVIN F
STREET ADDRESS 373 STIRRUP KEY BLVD.
CITY-ST-ZIP MARATHON FL 33050

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/00

Date

305 295 0327

Daytime Phone #

CR2E034 15/00