

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043348

1. Entity Name

KEY WEST ICE CREAM FACTORY, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90042 039 ***150.00

Principal Place of Business

1415 GRINNELL STREET
KEY WEST FL 33040

Mailing Address

1415 GRINNELL STREET
KEY WEST FL 33040

2. Principal Place of Business

201 WILLIAM Street

Suite, Apt. #, etc.

101

3. Mailing Address

P.O. Box 5466

Suite, Apt. #, etc.

City & State

Key West FL.

City & State

Key West, FL.

Zip

Country

MONROE

Zip

Country

MONROE

4. FEI Number

65-0692906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPOTTSWOOD, JOHN M JR
500 FLEMING STREET
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

JOANNE V. CATES

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

201 WILLIAM ST.

Suite #101

City

Key West

FL

Zip Code

33040

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.

JOANNE V. CATES

(NOTE: Registered Agent signature required when reinstating)

4/4/01

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

TITLE D
NAME WILSON, MICHAEL B
STREET ADDRESS 1415 GRINNELL ST.
CITY-ST-ZIP KEY WEST FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T/D
NAME Scott C. CATES
STREET ADDRESS 155 Key HAVEN ROAD
CITY-ST-ZIP Key West, FL. 33040

☒ Change ☐ Addition

TITLE V/S/D
NAME JOANNE V. CATES
STREET ADDRESS 155 Key HAVEN ROAD
CITY-ST-ZIP Key West, FL. 33040

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
NAME
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANNE V. CATES

Date

4/4/01

Daytime Phone #

305-295-3011

CR2E034 (10/00)

0491601