

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000066971**

1. Entity Name

**K.C.B. ISLAND PAR 3, INC.****FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90372 041 \*\*\*150.00

Principal Place of Business

**480 8TH STREET  
KEY COLONY BEACH FL 33051**

Mailing Address

**PO BOX 35  
KEY COLONY BEACH FL 33051****550810**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0687644</b>		Applied For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SPANO, WAYNE J  
2701 DOLPHIN DR.  
MARATHON FL 33050**

Name

**MARY SPANO**

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

**2701 DOLPHIN DR**

City

**MARATHON**

FL

Zip Code

**33050**

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:

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-8-01**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CPT SPANO, TODD 249 27TH ST OCEAN MARATHON FL 33050</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VPS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS SPANO, MARY J 2701 DOLPHIN DR. MARATHON FL 33050</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CPT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone No.

**213-01 305-288-1537**

CR2E034 (10/00)