

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**  
 09-13-2000 90014 015 \*\*\*550.00

**DOCUMENT # P96000075488**

1. Entity Name  
**HISTORIC SEAPORT DISTRICT, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>830 EATON STREET<br>KEY WEST FL 33040 | Mailing Address<br>830 EATON STREET<br>KEY WEST FL 33040 |
|--|--|



DO NOT WRITE IN THIS SPACE

|  |                                   |
|--|-----------------------------------|
| 2. Principal Place of Business<br><b>5130 OVERSEAS HWY</b> | 3. Mailing Address<br><b>SAME</b> |
|--|-----------------------------------|

|                                       |                     |
|---------------------------------------|---------------------|
| Suite, Apt. #, etc.<br><b>SUITE 2</b> | Suite, Apt. #, etc. |
|---------------------------------------|---------------------|

|                                    |              |
|------------------------------------|--------------|
| City & State<br><b>KEY WEST FL</b> | City & State |
|------------------------------------|--------------|

|                     |                          |     |         |
|---------------------|--------------------------|-----|---------|
| Zip<br><b>33040</b> | Country<br><b>MONROE</b> | Zip | Country |
|---------------------|--------------------------|-----|---------|

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b> | Applied For<br>Not Applicable |
|--|-------------------------------|

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SKOMP, A. FREDERICK**  
**404 MARGARET ST.**  
**KEY WEST FL 33040**

**7. Name and Address of New Registered Agent**

|   |
|---|
| Name<br><b>WAYNE LARJE SMITH</b>  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>THE SMITH LAW FIRM</b> |
| <b>300 WHITE HEAD ST.</b>   |
| City<br><b>KEY WEST FL</b> Zip Code<br><b>33040</b>                             |

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 *Wayne Larje Smith* **9-11-2000**  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SKOMP, A. FREDERICK</b><br><b>404 MARGARET ST.</b><br><b>KEY WEST FL 33040</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR AND PRESIDENT</b><br><b>A. FREDERICK SKOMP</b><br><b>404 MARGARET</b><br><b>KEY WEST, FL 33040</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR AND VICE-PRESIDENT</b><br><b>JOSEPH R. CONNOR</b><br><b>341 AVENUE D</b><br><b>SUMMERLAND KEY, FL 33042</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR AND TREASURER</b><br><b>TIMOTHY W. ROOT</b><br><b>1410 JOHNSON ST.</b><br><b>KEY WEST, FL 33040</b>         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *A. Frederick Skomp* **SKOMP, A. FREDERICK SKOMP, Pres 9/9/00 (305) 294-8025**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (5/00)