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2001 UNIFORM BUSINESS REPORT (UBR)

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Feb 02, 2001 8:00 am Secretary of State DOCUMENT # P96000075488 HISTORIC SEAPORT DISTRICT, INC. 02-02-2001 90291 028 ***150.00 Principal Place of Business Mailing Address 5130 OVERSEAS HWY 5130 OVERSEAS HWY STE 2 STE 2 KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Esa SKOMP, A. FREDERICK Street Address (P.O. Box Number is Not Acceptable) THE SHITH LAW FIRM 404 MARGARET ST. KEY WEST FL 33040 WHITEHEND 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIRECTOR / PRESIDENT TITLE □ Delete TITLE. Change ☐ Addition SKOMP, A. FREDERICK NAME SKOMP, A. FREDERICK NAME YOU MARCARET STREET ADDRESS STREET ADDRESS 404 MARGARET ST. CITY-ST-ZIP KEY WEST, FL 33040 CITY-ST-7IP KEY WEST FL 33040 DIRECTOR/SECY-TREAS. Addition TITLE ☐ Delete TITLE Change POOT, TIMOTHY W. NAME NAME 1410 JOHSON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST, PL 33040 DIRECTOR/VICE PRESIDENT __ Change __ - Addition = TITLE Delete-TITLE- . . CONDOR, JOSEPH NAME NAME 341 AVENUE D STREET ADDRESS STREET ADDRESS SUMMERCAND KEY, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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