

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095804

1. Entity Name

ROOSEVELT ANNEX COMPANY

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90152 026 \*\*\*150.00

Principal Place of Business	Mailing Address
GOLF CLUB DRIVE WEST FL 33045	60 GOLF CLUB DRIVE KEY WEST FL 33040-4382

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0720022	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYSMAN, PETER  
60 GOLF CLUB DRIVE  
KEY WEST FL 33045

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 \$150.00**  
**After MAY 1, 2000 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	DP	TITLE	
NAME	RYSMAN, PETER	NAME	
STREET ADDRESS	60 GOLF CLUB DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	HAGEL, NANCY	NAME	
STREET ADDRESS	60 GOLF CLUB DR,	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	CREATH, JACQUELINE E.	NAME	
STREET ADDRESS	60 GOLF CLUB DR.	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **3/1/00** **305-296-5601**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)