

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087047

1. Entity Name

KEY WEST BANGROUP, INC.

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90006 012 \*\*\*150.00

Principal Place of Business

Mailing Address

701 WHITEHEAD STREET  
KEY WEST FL 33040

701 WHITEHEAD STREET  
KEY WEST FL 33040-7419

2. Principal Place of Business

3. Mailing Address

701 WHITEHEAD ST

701 WHITEHEAD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Key West, FL

City & State

Key West, FL

4. FEI Number

65-0807107

Applied For

Not Applicable

Zip

33040

Country

Monroe

Zip

33040

Country

Monroe

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWNING, SIRECI, GULLER, KLITENICK & THOM  
402 APPELROUGH LANE  
KEY WEST FL 33040

Name

Key West Bank

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

701 Whitehead Street

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.

(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 PD ☐ Delete  
NAME HOGUE, PHILIP D  
STREET ADDRESS 1268 OCAAN DR  
CITY-ST-ZIP SUMMERLAND KEY FL 33042

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BROWNING, MICHAEL L  
STREET ADDRESS 402 APPELROUTH LANE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FINIGAN, MARK  
STREET ADDRESS 402 APPELROUTH LANE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME CHESEBRO, KEVIN R  
STREET ADDRESS 11 CYPRESS AVE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GREEN, MARVA E  
STREET ADDRESS 1604 BAHAMA DRIVE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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)(f), 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

1-26-00

Date

294-3540

Daytime Phone #

CR2E034 (9/99)