2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DÖĞÜMENT # P98000034295 1. Entity Name										
	KEY LARGO INTERNATIONAL, INC.					FILED				
						00 SEP 29		43		
Principal Plac	e of Business	Mailing Address				00 SEP 29	HII J.			
	STREET NORTH STE. 230 3637 4TH STREET NORTH STE					SECRETARY	OF STA	(III) DIRA		
st. Petersbl	JRG FL 33704	ST. PETERSBURG FL 33704			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
						 	 		PIRI 319 1381	
2. Principal P	Place of Business 3. Mailing Address									
Suite, Apt.	/3/ // / / / / / / / / / / / / / / / /	Suite, Apt. #, etc.	E. Nae	~		DO NOT WRITE IN	THIS SPAC	E		
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City & State	ETE, FL	City & State	£	4.	FEI Number	59-2689819			t Applicable	
Zip 22-	Country	Zip 22>0/	Country	7 5. (Certificate of St	atus Desired		75 Addi Required		
<u> </u>	6. Name and Address of Current Ro	egistered Agent	EINIT	7. 1	Name and Add	ress of New Regist				
	THE WALTER E		Name							
	TH, WALTER E 1 4TH STREET NORTH		Street Ad	ldress (P.O. B	ox Number is N	Not Acceptable)				
	PETERSBURG FL 33701		·							
			City		<u> </u>		FL 2	Zip Code)	
8. The above	named entity submits this statement for t	he purpose of changing its re	eaistered office or	registered ag	ent, or both, in	the State of Florida.		•		
		ma parpasa ar anamgma na ra	9			•			ĺ	
SIGNATURE .	Signature; typed or printed name of registered agent and	title if applicable (NOTE: F	Registered Agent signatu	re required when re	vinstating)	<u> </u>	DATE			
	against the second seco	(10.12)							i	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE After SEPTEMBER 13, 2006				^						
	· -	1				Campaign Financir			0 May Be	
Tax filing r	· -	1	2000 Min. will I	oe \$750:00 of State	Trust Fu	ind Contribution.		Àdded	to Fees	
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2000 UNIFORM BUSINESS REPOR	RT (UBR)	Page	16/2						
DOCUMENT # 574(32 (1999)	FILED								
1. Entity Name	00 SEP 29 AMII: 00								
Adventures Unlimited, Inc.	TALLEMANNES, FLORIDA								
Principal Place of Business R+ 6 Box 283 R+ 6 Box 2	283	TOUR!	3A.						
Milton, FL 32570 Milton, F									
Principal Place of Business									
Suite, Apt. #, etc. Suite, Apt. #, etc.	<u>awic una ka</u>	DO NOT WRITE IN THIS S	PACE						
City & State My fron FL City & State My Iton FL		4. FEI Number 85 7 900	Applied For Not Applicable						
^{Zig} 2570 USA 32570	Country A		8.75 Additional ee Required						
Name and Address of Current Registered Agent	Name	7. Name and Address of New Registered A	gent						
JH Sanborn, Jr	Street Address (Street Address (P.O. Box Number is Not Acceptable)							
8974 Tomahawk LAnding 1	(d)								
Milton, 41 32570	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: Re	egistered Agent signature required	d when reinstaling) DATE							
9. This corporation is eligible to satisfy its Intangible FILE NOWIII FEE IS \$150,00 10. Election.Campaign.Financing \$5.00 May to									
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1: 2000 Make Check Payable	Fee will be \$550.00 to Department of Sta	Trust Fund Contribution.	Added to Fees						
11. OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND							
TITLE PRES Delete	TITLE "	1000034223 	1001003 - 1で・						
Sanborn John HJr 6484 Old Bagdad Hwy CITY-ST-ZIP MILTON FL 32583	STREET ADDRESS CITY-ST-ZIP	****150.00							
TITLE SEC. Delete	TITLE NAME	Sec.	☐ Change ☐ Addition 5,						
Sanborn Esther R STREET ADDRESS 6484 Old Bagdad Hwy CITY-SI-ZIP MILTON FL 32583	STREET ADDRESS CITY-ST-ZIP	•							
TITLE TREAS Delete	TITLE		☐ Change ☐ Addition						
Stanborn, Michael W. STREET ADDRESS 5687 Hamilton Bridge Rd	STREET ADDRESS	-							
CITY-ST-ZIP UI (for FL 32570. TITLE VP Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition						
STREET ADDRESS 5687 Hamilton Bridge Rd	NAME STREET ADDRESS	a							
CITY-ST-ZIP Milton FL 32570	CITY-ST-ZIP	•••	Change Addition						
TITLE Delete NAME	TITLE NAME	•							
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP								
TITLE Delete	TITLE NAME		☐ Change ☐ Addition						
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP								
13. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplemental report is you and accurate and that my s	e exemption stated in Se	ection 149.07(3)(i), Florida Statutes. I further certisare legal effect as if made under cath, that I a	fy that the information						
of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address with all other like empowered.	required by Chapter 607	7, Florida Statutes; and that my name appears in	Block 11 or Block 12 if						
SIGNATURE: When (Santon 09/18/00 (850) 6236197									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR I	DIKECIUR	Date Day	Amie Phone #						





Adventures Unlimited Outdoor Center

Rt. 6, Box 283 • Milton, Florida 32570 • (850) 623-6197 1-800-239-6864 • Fax (850) 626-3124 www. adventures unlimited.com

Division of Corporation PO Box 6327 Fallahassee, FL 32314

To whom It May Concern,

Please find enclosed the 2000 UBR. The report form was not received by our office and dealled to have one sent. We have been fileng this report for 25 years (or however long it has been required) and we brould have filed it again this year in a timely manner, if it is ad been received.

The information on this form was copied from 1999 and was told to write a letter of explanation.

Thanh you Rother L Santon Corporate Sec, Adventures Unlimited 09/15/00