

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P98000034295**

1. Entity Name

**KEY LARGO INTERNATIONAL, INC.**

**FILED**  
**00 SEP 29 AM 9:43**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business

3637 4TH STREET NORTH STE. 230  
 ST. PETERSBURG FL 33704

Mailing Address

3637 4TH STREET NORTH STE. 230  
 ST. PETERSBURG FL 33704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*242 1ST AVE N*  
 Suite, Apt. #, etc.

3. Mailing Address

*220 1ST AVE NORTH*  
 Suite, Apt. #, etc.

City & State

*ST. PETE, FL*

City & State

*ST. PETE, FL*

4. FEI Number

**59-2689819**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip *33701* Country *USA*

Country *USA*

Zip *33701* Country *USA*

Country *USA*

6. Name and Address of Current Registered Agent

**SMITH, WALTER E**  
**1301 4TH STREET NORTH**  
**ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	<b>BODZIAK, JOHN C</b>	<b>3637 4TH STREET NORTH</b>	<b>ST. PETERSBURG FL 33704</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**000003422490--7**  
**-10/12/00--01032--002**  
**\*\*\*\*550.00 \*\*\*\*550.00**

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 or without like empowerment.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/27/00* *727-896-2276*  
 Daytime Phone #

CR2E034 (5/00)

**2000 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # 574632 (1999)  
 1. Entity Name  
 Adventures Unlimited, Inc.

FILED

00 SEP 29 AM 11:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 Rt 6 Box 283 Rt 6 Box 283  
 Milton, FL 32570 Milton, FL 32570

2. Principal Place of Business 3. Mailing Address  
 8974 Tomahawk Landing Rd 8974 Tomahawk Lnd Rd  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
 Milton FL Milton FL  
 Zip Country Zip Country  
 32570 USA 32570 USA

4. FEI Number Applied For  
 69-1857900 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 JH Sanborn, Jr  
 8974 Tomahawk Landing Rd  
 Milton, FL 32570

7. Name and Address of New Registered Agent  
 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Sanborn John H Jr 6484 Old Bagdad Hwy Milton FL 32583 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Sanborn Esther R 6484 Old Bagdad Hwy Milton FL 32583 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS Sanborn, Michael W. 5687 Hamilton Bridge Rd Milton, FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Sanborn Linda K 5687 Hamilton Bridge Rd Milton FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003422381 <input type="checkbox"/> Change <input type="checkbox"/> Addition -10/12/00--01021--002 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 149.07(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: Esther Sanborn  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/18/00 (850) 6236197  
 Date Daytime Phone #

CR2E034 (9/99)



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## Adventures Unlimited Outdoor Center

Rt. 6, Box 283 • Milton, Florida 32570 • (850) 623-6197  
1-800-239-6864 • Fax (850) 626-3124  
[www.adventuresunlimited.com](http://www.adventuresunlimited.com)

Division of Corporation  
PO Box 6327  
Jallahassee, FL 32314

To Whom It May Concern,

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

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

Thank you

Esther R Sanborn

Corporate Sec, Adventures Unlimited

09/15/00