

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082444

1. Entity Name

PHANTOM OF KEY LARGO, INC.

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

04-03-2000 90174 031 \*\*\*150.00

Principal Place of Business

Mailing Address

10615 OVERSEAS HIGHWAY  
KEY LARGO FL 33037

555 MARTIN LUTHER KING BLVD  
YOUNGSTOWN OH 44502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0873182

Applied For

Not Applicable

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

FARAGE, NANCY G  
707 NORTH FRANKLIN STREET  
4TH FLOOR  
TAMPA FL 33602

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 PD ☐ Delete  
NAME ZOLDAN, BRUCE J  
STREET ADDRESS 4490 DEVONSHIRE DRIVE  
CITY-ST-ZIP YOUNGSTOWN OH 44512

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

TITLE VPD ☐ Delete  
NAME BOSTOCKY, JERRY  
STREET ADDRESS 305 RUSSO DR  
CITY-ST-ZIP CANFIELD OH 44406

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

TITLE S ☐ Delete  
NAME WEIMER, WILLIAM A  
STREET ADDRESS 2331 FIFTH AVE  
CITY-ST-ZIP YOUNGSTOWN OH 44504

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

TITLE ~~ID~~ ☐ Delete  
NAME ZOLDAN, ALAN L  
STREET ADDRESS 6741 LOCKWOOD BLVD  
CITY-ST-ZIP YOUNGSTOWN OH 44512

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition  
NAME FRANK PETER S  
STREET ADDRESS 8518 SUMMERLAND TRAIL  
CITY-ST-ZIP POLAND, OHIO 44514

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)(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:

*Frank Peter S. Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00  
Date

Daytime Phone #

CR2E034 (9/99)