

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90021 030 \*\*\*150.00

**DOCUMENT # P98000087019**

1. Entity Name

**CABANA ON THE KEY, INC.**

Principal Place of Business

Mailing Address

17830 FRONT STREET  
 MT. DORA FL 32757

17830 FRONT STREET  
 MT. DORA FL 32757-9787

**636971**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P. O. Box 1018

3. Mailing Address

c/o Mario A. Garcia, Esq.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

315 E. Robinson St. - #160

City & State

Zellwood, FL

City & State

Orlando, FL

4. FEI Number

59-3536691

Applied For

Not Applicable

Zip

32798-1018

Country

Orange

Zip

32801

Country

Orange

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

PAPPAS, PETER C  
 225 EAST ROBINSON STREET  
 SUITE 540  
 ORLANDO FL 32801

Name

Mario A. Garcia, Esq.

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

315 E. Robinson Street - #160

City

Orlando

FL

Zip Code

32801

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

*Mario A. Garcia*  
 Signature, typed or printed name of registered agent (if applicable) (Typed signature required when reinstating)

11/5/00  
 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WILLIAM	NAME	William P. Brown
STREET ADDRESS	17830 FRONT STREET	STREET ADDRESS	P. O. Box 1018
CITY-ST-ZIP	MT. DORA FL 32757	CITY-ST-ZIP	Zellwood, FL 32798-1018
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*William P. Brown*  
 SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR OFFICER OR DIRECTOR

Date

3-23-2000

(352) 735-3877

Daytime Phone #

CR2E034 (9/99)