

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097345

1. Entity Name

FLORIDA KEYS KAYAK & SAIL, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90192 001 ***150.00

Principal Place of Business

Mailing Address

77520 OVERSEAS HWY.
ISLAMORADA FL 33036

PO BOX 1717
ISLAMORADA FL 33036-1717

LU0006400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

77520 Overseas Hwy
Suite, Apt. #, etc.

Box 1717
Suite, Apt. #, etc.

City & State

ISLAMORADA FL

City & State

ISLAMORADA FL

4. FEI Number

65-0879334

Applied For

Not Applicable

Zip

Country

33036 Monroe

Zip

Country

33036 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

JONES, DONALD E
116 SECOND CT.
KEY LARGO FL 33037

Lynn MEHRING
206 Biscayne Blvd
ISLAMORADA, FL
33036

Name

LYNN MEHRING

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

206 Biscayne Blvd.

City

ISLAMORADA

FL

Zip Code

33036

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 P
NAME JONES, DONALD E
STREET ADDRESS PO BOX 1286
CITY-ST-ZIP KEY LARGO FL 33037 ☒ Delete

TITLE P
NAME Lynn Mehning
STREET ADDRESS P.O. Box 1717
CITY-ST-ZIP ISLAMORADA, FL 33036 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

LYNN MEHRING

1/11/00

305-664-4878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)