

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008197

1. Entity Name

FLORIDA KEYS SCUBA ASSOCIATION INC.

Principal Place of Business

Mailing Address

20-A 12TH AVE.
KEY WEST FL 33040

P. O. BOX 4851
KEY WEST FL 33041-4851

2. Principal Place of Business

20-A 12TH AVE

3. Mailing Address

P.O. Box 4851

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY WEST

City & State

KEY WEST, FL.

4. FEI Number

65-090-7753

Applied For

Not Applicable

Zip

33040

Country

MONROE

Zip

33041-4851

Country

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

HENDRICK, JAMES T ESQ.
317 WHITEHEAD STREET
KEY WEST FL 33040

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: PRESIDENT
NAME: GARY F. ELSTON
STREET ADDRESS: 20-A 12TH AVE
CITY-ST-ZIP: KEY WEST FL.

☐ Delete

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

TITLE: VICE PRESIDENT
NAME: SHARON ELSTON
STREET ADDRESS: 20-A 12TH AVE
CITY-ST-ZIP: KEY WEST FL.

☐ Delete

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

TITLE: SECRETARY
NAME: JAMES HENDRICK
STREET ADDRESS: 317 WHITEHEAD ST
CITY-ST-ZIP: KEY WEST FL.

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-00 305-292-7737

CR2E034 (9/99)