

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020549

1. Entity Name

FLORIDA KEYS & KEY WEST VISITOR CENTER, INC.

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90017 026 ***150.00

Principal Place of Business 82245 OVERSEAS HIGHWAY ISLAMORADA FL 33036	Mailing Address P.O. BOX 1101 ISLAMORADA FL 33036
--	---

2. Principal Place of Business 8300 Overseas Highway Suite, Apt. #, etc.	3. Mailing Address 8300 Overseas Highway Suite, Apt. #, etc.
--	--

City & State Islamorada, FL 33036	City & State Islamorada, FL 33036
Zip Monroe	Zip Monroe

4. FEI Number 65-0903824	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent KURFIST-CIOFFI, WENDY 87851 OLD HIGHWAY MM 42 ISLAMORADA FL 33036
--

7. Name and Address of New Registered Agent Name John Cioffi Street Address (P.O. Box Number is Not Acceptable) 8300 Overseas Highway 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME KURFIST-CIOFFI, WENDY	
STREET ADDRESS 87851 OLD HIGHWAY MM42	
CITY-ST-ZIP ISLAMORADA FL 33036	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Director/President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME John Cioffi	
STREET ADDRESS 8300 Overseas Highway	
CITY-ST-ZIP Islamorada, FL 33036	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 persons empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/29/01 Date	Daytime Phone #
---	--------------	-----------------

CR2E034 (10/00)