

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021371

1. Entity Name

ABACO GOLD UPTOWN, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90200 012 \*\*\*150.00

Principal Place of Business

712 U.S. HIGHWAY ONE #400  
NORTH PALM BEACH FL 33408

Mailing Address

712 U.S. HIGHWAY ONE #400  
NORTH PALM BEACH FL 33408-4521

2. Principal Place of Business

1102-C DUVAL ST

Suite, Apt. #, etc.

3. Mailing Address

1102-C DUVAL ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Key West, FL

City & State

Key West, FL

4. FEI Number

65-0923736

Applied For

Not Applicable

Zip

33040

Country

MONROE

Zip

33040

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

SAUERBERG, ERIC M ESQ.  
712 U.S. HIGHWAY ONE #400  
NORTH PALM BEACH FL 33408

Name

ANGELA WILLIAMSON-KUNKEL

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

1120 Von Phister

City

Key West

FL

Zip Code

33040

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

Angela Williamson-Kunkel Pres

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	D	<input checked="" type="checkbox"/> Delete
NAME	KUNKEL, JOHN H-IV	
STREET ADDRESS	712 U.S. HIGHWAY ONE #400	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres, Treas, Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela Williamson-Kunkel	
STREET ADDRESS	1120 Von Phister	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN H. KUNKEL III	
STREET ADDRESS	1120 Von Phister	
CITY-ST-ZIP	Key West, FL 33040	
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 like empowered.

SIGNATURE:

Angela Williamson-Kunkel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

Daytime Phone #

CR2E034 (9/99)