

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041849

1. Entity Name
KEY WEST TENNIS TOO, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State
08-17-2000 90103 048 ***150.00

Principal Place of Business
811 SEMINOLE AVE.
KEY WEST FL 33040

Mailing Address
811 SEMINOLE AVE.
KEY WEST FL 33040

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
65-0917442

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAYLOR, DEAN
811 SEMINOLE AVE.
KEY WEST FL 33040

7. Name and Address of New Registered Agent

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, DEAN 811 SEMINOLE AVE. KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HRON, KATHY 811 SEMINOLE AVE. KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

President

Aug 3rd 305 296 3029

CR2E034 (5/00)

KEY WEST TENNIS TOGO, INC.

811 SEMINOLE AVE ~ KEY WEST, FLORIDA 33040 PHONE 305 296 3029

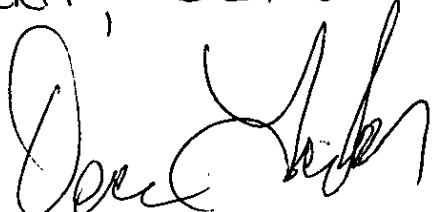
Attachment P99.0000 41849
DW79753

Whom it MAY CONCERN,

THIS IS OUR FIRST YEAR AS
A CORPORATION AND DID NOT RECEIVE
OR FIRST NOTICE OF FILING. WE WOULD
HAVE IMMEDIATELY REPLIED, IF SO.

PLEASE ACCEPT OR FILING FEE OF
\$150.00 / WE HOPE TO AVOID THE LATE
FEE OF COURSE SINCE OR FIRST NOTICE
OF THIS FEE WAS ACTUALLY THE 2ND
NOTICE.

— THANK YOU.

PRESIDENT, DEAN TAYLOR


FEI #: 65-0917442