

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055-773

1. Entity Name

LOOE KEY EXPLORATIONS, INC.

Principal Place of Business

Mailing Address

MM 25 OVERSEAS HWY.
CHEVRON ISLAND
SUMMERLAND KEY FL
33042

P.O. BOX 420977
SUMMERLAND KEY, FL
33042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650933477

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

KR 01/10/01

6. Name and Address of Current Registered Agent

ROBERT M. KAHN, ESQ.
KAHN & BUTTER
8211 WEST BROWARD BLVD., PH4
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name LARRY R. ESKINE

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

31211 AVE. A

City BIG PINE KEY

FL

Zip Code 33043

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, 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, 2001 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

TITLE JANICE VONDENHURK ☒ Delete
NAME PST
STREET ADDRESS 1957 BAHIA SHORES RD
CITY-ST-ZIP NO. NAME KEY, FL 33043

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR/PRESIDENT (9/9) ☐ Change ☒ Addition
NAME CYNTHIA GAY
STREET ADDRESS 959 BOY OLIVE
CITY-ST-ZIP SUMMERLAND, KEY FL 33042

TITLE DIRECTOR/SECRETARY (01/0) ☐ Change ☒ Addition
NAME ROBERT GAY
STREET ADDRESS 959 BOY OLIVE
CITY-ST-ZIP SUMMERLAND KEY, FL 33042

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

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

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

TITLE ☐ Change ☐ 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: Cynthia L. Gay D.P. 7/5/01 305-744-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AMENDED AR
\$61.25 FILED

01 JUL -9 AM 7:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (11/00)