

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90111 047 \*\*\*150.00

**DOCUMENT # P99000095475**

**1. Entity Name**  
**KEY LARGO LEISURE ENTERPRISES, INC.**

**Principal Place of Business**

2665 S. BAYSHORE DR., STE. 703  
 MIAMI FL 33133

**Mailing Address**

2665 S. BAYSHORE DR., STE. 703  
 MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

11714 SW 135 Place

**3. Mailing Address**

11714 SW 135 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

MIAMI FL

**City & State**

MIAMI FL

**Zip**

33186

**Country**

USA

**Zip**

33186

**Country**

USA

**4. FEI Number**

65-0957872

**Applied For**

☐ Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

WORLD CORPORATE SERVICES, INC.  
 2665 S. BAYSHORE DR., STE. 703  
 MIAMI FL 33133

**7. Name and Address of New Registered Agent**

Name EASTWOOD MGT., INC.

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

11714 SW 135 PLACE

**City**

MIAMI

**FL**

**Zip Code**

33186

**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 *Deborah S. Yates* (DEBORAH S. YATES) President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.22.02

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, 2002 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** D ☐ Delete  
**NAME** VAUDIN, PAUL E  
**STREET ADDRESS** 2665 S BAYSHORE DR #703  
**CITY-ST-ZIP** MIAMI FL 33133

**TITLE** D ☐ Delete  
**NAME** YATES, GEORGE A  
**STREET ADDRESS** 2665 S BAYSHORE DR #703  
**CITY-ST-ZIP** MIAMI FL 33133

**TITLE** PS ☐ Delete  
**NAME** YATES, DEBORAH S  
**STREET ADDRESS** 2665 S BAYSHORE DR #703  
**CITY-ST-ZIP** MIAMI FL 33133

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

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

**TITLE** ☐ Change ☐ Addition  
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**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** *Deborah S. Yates* President (DEBORAH S. YATES) 4.22.02 305) 385-3931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)