

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099487

1. Entity Name

THE OUTPOST OF ISLAMORADA, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90001 030 \*\*\*150.00

Principal Place of Business

74052 OVERSEAS HWY.  
ISLAMORADA FL 33036

Mailing Address

P.O. BOX 182  
ISLAMORADA FL 33036-0182

2. Principal Place of Business

Monroe County  
Suite, Apt. #, etc.  
74052 O.S.H.

3. Mailing Address

P.O. Box 182  
Suite, Apt. #, etc.

City & State

ISLA. FLA.

City & State

ISLAMORADA FLA.

4. FEI Number

65-0963546

Applied For

Not Applicable

Zip

33036

Country

Monroe

Zip

33036

Country

Monroe

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOONEY, ELIZABETH J  
MM 81.5 OVERSEAS HWY.  
ISLAMORADA FL 33036

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOONEY, ELIZABETH J	
STREET ADDRESS	MM 81.5 OVERSEAS HWY.	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOONEY, JAMES V	
STREET ADDRESS	MM 81.5 OVERSEAS HWY.	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GROSSMAN, MARJORIE	
STREET ADDRESS	P.O. BOX 182	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-00 (305) 664-2571

CR2E034 (9/99)