

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V10615

1. Entity Name

I.L.E. KEY CLUB, INC.

Principal Place of Business

6 B. FT. MYERS DR.
INDIAN LAKE ESTATES FL 33855
US

Mailing Address

P.O. BOX 7806
INDIAN LAKE ESTATES FL 33855-7806
US

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

59-3106070

Applied For

Not Applicable

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

BUTLER, EMMETT
19 ALAMANDA DR
INDIAN LAKE ESTATES FL 33855

Name Bill Hodge

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

28 N. AMARYLLIS AVE

City

Indian Lake Estates

FL

Zip Code

33855

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

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

(NOTE: Registered Agent signature required when reinstating)

1-18-00

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 VD ☒ Delete

NAME AMBUEAL
STREET ADDRESS 4 VALENCIA DR
CITY-ST-ZIP INDIAN LAKE ESTATES FL 33855

TITLE TD ☐ Delete

NAME OLIVER, RAYMOND
STREET ADDRESS 10 PALMETTO DR
CITY-ST-ZIP INDIAN LAKE ESTATES FL 33855

TITLE SD ☐ Delete

NAME WOLF, JAMES
STREET ADDRESS 19 N LANTANA
CITY-ST-ZIP INDIAN LAKE ESTATES FL

TITLE D ☒ Delete

NAME CAMERON, KENNETH
STREET ADDRESS 6 BANYAN DR
CITY-ST-ZIP INDIAN LAKE ESTATES FL 33855

TITLE PO ☐ Delete

NAME Hodge, Bill
STREET ADDRESS 28 N. AMARYLLIS
CITY-ST-ZIP INDIAN LAKE ESTATES FL 33855

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition

NAME JULIAN K. THARP
STREET ADDRESS 115 PANCIANA DR,
CITY-ST-ZIP INDIAN LAKE ESTATES FL 33855

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition

NAME SWANSON, ARTHUR
STREET ADDRESS 43 S. ARBOREA
CITY-ST-ZIP INDIAN LAKE ESTATES FL 33855

TITLE PO ☐ Change ☒ Addition

NAME Hodge, Bill
STREET ADDRESS 28 N. AMARYLLIS
CITY-ST-ZIP INDIAN LAKE ESTATES FL 33855

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: R.S. OLIVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-692-2006

CR2E034 (9/99)