

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V23637

1. Entity Name

FLORIDA KEYS ADVENTURES UNLIMITED, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90111 026 ***150.00

Principal Place of Business

Mailing Address

HOLIDAY INN MARINA

10 BAYVIEW AVE
LAWRENCE NY 11559-1026
US

LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

199 N Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Deerfield Beach FL

Zip

Country

Zip

Country

33441

4. FEI Number

65-0322260

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

DAPUZZO, STEVE S
199 N FED HWY
DEERFIELD BEACH FL 33441

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

1-29-00

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 PS ☐ Delete
NAME LIBAVEN, ROBERT
STREET ADDRESS 3704 M CHARLES ST
CITY-ST-ZIP BALTIMORE MD 21218

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

TITLE VP ☐ Delete
NAME DAPUZZO, STEVE S
STREET ADDRESS 199 N FED HWY
CITY-ST-ZIP DEERFIELD BEACH FL 33444

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-00 954 422 8566

CR2E034 (9/99)