

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90023 016 ***150.00

DOCUMENT # V60853

1. Entity Name

STRAND KEY WEST ENTERTAINMENT CORP.

Principal Place of Business

Mailing Address

**3044 SHEPARD OF THE HILLS EXPRESSWAY
SUITE 307
BRANSON MO 65616
US**

**3044 SHEPHERD OF THE HILLS EXPRESSWAY
SUITE 307
BRANSON F 65616
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

59-3139537

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LOONEY, STEPHEN R
200 SOUTH ORNAGE AVENUE
SUN BANK CENTER SUITE 3000
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
800 N. MAGNOLIA AVENUE

SUITE 1500

City
ORLANDO

FL

Zip Code
32803

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, 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 ☐ Delete
NAME **DP**
STREET ADDRESS **JOHNSON, KAREL G.**
CITY-ST-ZIP **1495 LANDS END RD
MANALAPAN FL 33462**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **SMITH, JEREMY**
CITY-ST-ZIP **167 FIFE ROAD
GUELPH, ON N1H- 7J3**

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **STEWART, PEGGY**
CITY-ST-ZIP **3044 SHEPARD OF THE HILLS EXPWY #307
BRANSON MO**

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:

[Signature]
Typed or printed name of signing officer or director
Permitting Secretary

417-339-4405

Date

Daytime Phone #

CR2E034 (9/01)