

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001409 AF

DOCUMENT # Z00138

1. Entity Name

PHOENIX OF KEY WEST, L.C.

FILED

00 JAN 27 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

617 FRONT STREET  
KEY WEST FL 33040

Mailing Address

1609 ROCKLEDGE DRIVE  
ROCKLEDGE FL 32955-4907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1675596

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENSPOON, GERALD

100 WEST CYPRESS CREEK ROAD, SUITE 700  
FT LAUDERDALE FL 33309

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
M. TRENARY, LARRY  
STREET ADDRESS 1609 ROCKLEDGE DRIVE  
CITY-ST-ZIP ROCKLEDGE FL 32955

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

TITLE NAME ☐ Delete  
M. TRENARY, TANIA R.  
STREET ADDRESS 1609 ROCKLEDGE DRIVE  
CITY-ST-ZIP ROCKLEDGE FL 32955

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*LARRY TRENARY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

321-258-4507  
6 Jan 2000 341

CR2E083 (9/99)