2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State
01-24-2001 90008 001 ***150.00

0117957

DOCUMENT # M16499

1. Entity Name
CARIBEE PROPERTIES OF THE FLORIDA KEYS, INC.

Principal Place of Business	Mailing Address
81611 OLD HIGHWAY ISLAMORADA FL 33036	81611 OLD HIGHWAY ISLAMORADA FL 33036

702600

DO NOT WRITE IN THIS SPACE

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 59-2569589 ☐ 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
PELL, JOHN 81611 OLD HWY ISLAMORADA FL 33036	Name MABEL VASNILES Street Address (P.O. Box Number is Not Acceptable) 81611 OLD HIGHWAY City ISLAMORADA FL Zip Code 33036

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 Mabel Vasniles MABEL VASNILES 1/11/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PELL, JOHN C 81611 OLD HWY ISLAMORADA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MABEL VASNILES 81611 OLD HIGHWAY ISLAMORADA FL 33036	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PELL, JOHN C 81611 OLD HWY ISLAMORADA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MABEL VASNILES 81611 OLD HIGHWAY ISLAMORADA FL 33036	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PELL, JOHN C 81611 OLD HWY ISLAMORADA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MABEL VASNILES 81611 OLD HIGHWAY ISLAMORADA FL 33036	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PELL, JOHN C 81611 OLD HWY ISLAMORADA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MABEL VASNILES 81611 OLD HIGHWAY ISLAMORADA FL 33036	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PELL, JOHN C 81611 OLD HWY ISLAMORADA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MABEL VASNILES 81611 OLD HIGHWAY ISLAMORADA FL 33036	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PELL, JOHN C 81611 OLD HWY ISLAMORADA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MABEL VASNILES 81611 OLD HIGHWAY ISLAMORADA FL 33036	☑ Change ☐ Addition

CR2E034 (10/00)

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: Mabel Vasniles 1/11/01 305664 0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #