

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90171 006 ****70.00

DOCUMENT # 726659

1. Entity Name
UPPER KEYS HUMANE SOCIETY, INC.



Principal Place of Business

**MILE MARKER 101.5 US #1
P. O. BOX 511
KEY LARGO FL 33037**

Mailing Address

**P.O. BOX 511
KEY LARGO FL 33037**

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 **23-7434680**

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

**VETRICK, JOSEPH ATTY
171 HOOD AVE., #16
TAVERNIER FL 33070**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD LOWERY, JANE**
STREET ADDRESS **112 SABAL PALM LANE**
CITY-ST-ZIP **TAVERNIER FL**

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

TITLE ☐ Delete
NAME **D FEIT, MORTON**
STREET ADDRESS **P.O. BOX 1725**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **250 NORMANDY DRIVE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD INGERSOLL, MARDIE S**
STREET ADDRESS **145 WEST AVE C**
CITY-ST-ZIP **KEY LARGO FL 33037**

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

TITLE ☐ Delete
NAME **D HUTCHINGS, CLOVER**
STREET ADDRESS **4209 PALAZZO ST**
CITY-ST-ZIP **SEBRING FL 33872**

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

TITLE ☐ Delete
NAME **D MANN, ESTER**
STREET ADDRESS **53 HICKORY COVE LANE**
CITY-ST-ZIP **FAIRFIELD SLADE TN 38558**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **333 NASH AVE**
CITY-ST-ZIP **COOKEVILLE TN 38501**

TITLE ☐ Delete
NAME **VD FEIT, SOVIA**
STREET ADDRESS **P.O. BOX 1725**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **FEIT, SONIA**
CITY-ST-ZIP **250 NORMANDY DRIVE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

NOTARY PUBLIC REQUIRED *[Signature]* **DR # 12501**

1/12/2003

305-451-3848

CR2E037 (10/02)