2001 UNIFO	RM BUSINESS	REPORT	(UBR)
DOCUMENT #  1. Entity Name	744178		

DOCUMENT # 744178  1. Entity Name  KEY WEST BUSINESS GUILD, INC.					Secretary of State 03-05-2001 90361 010 ****61.25			
Principal Plac	ce of Business	Mailing Address						
728 DUVAL S		P.O. BOX 1208	P.O. BOX 1208		0.4			
KEY WEST F	L 33040	KEY WEST FL 33041			81	6523		
Principal Place of Business     3. Mailing Address								
Suite Act # etc		Suite, Apt. #, etc.	Suite Ant # ete					
Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State	City & State		4. FEI Number 59-1931515 Applied For Not Applicable			
Zip	Country	Zip	Country	<b>5.</b> C	ertificate of Status Desired [	\$8.75 Add	ditional	
	6. Name and Address of Curre	ent Registered Agent	N	7. N	ame and Address of New Regis	and the second second second	<u> </u>	
		Name						
	/ayne larue Tehead St	<i>t</i>	Street	Street Address (P.O. Box Number is Not Acceptable)				
KEY WEST FL 33040			Circ			7:00-4		
	named entity submits this statemen		City	<u> </u>		FL Zip Cod	.e 	
FILE NOW: 9. Election Campaign Fin		Financing			)			
	FEE IS \$61.25				·			
TITLE	OFFICERS AND	DIRECTORS Delete	11.	PD	ONS/CHANGES TO OFFICERS A	AND DIRECTORS IN Change	N 10 ☐ Addition	
NAME	HENRY, KENT	r <b>X</b> Deisis	NAME	Lou He	rņaņdez	[7] Cuarité	Addition	
STREET ADDRESS CITY-ST-ZIP	806 DUVAL ST KEY WEST FL 33040		STREET ADDRESS CITY-ST-ZIP	1	aird St st, FL 33040			
TITLE	TD	☐ Delete	TITLE	VD.		Change	Addition	
NAME STREET ADDRESS	MURRELL, ROBERT		NAME STREET ADDRESS		Murrell Simonton St			
CITY-ST-ZIP	KEY WEST FL 33040		CITY-ST-ZIP	Key We	st, FL 33040			
TITLE NAME	PD Berkowitz, Bruce	. Delete	TITLE NAME	SD   John K	osik	🐴 Change	Addition	
STREET ADDRESS	1210 PINE STREET		STREET ADDRESS	818 F1	eming St			
CITY-ST-ZIP	KEY WEST FL 33040	Delete	CITY-ST-ZIP	Key We	st, FL 33040		Addition	
NAME	ADAMS, JOHN	C) Delete	NAME		Leander	[#\$ Ondings		
STREET ADDRESS CITY-ST-ZIP	1414 NEWTON ST. KEY WEST FL 33040		STREET ADDRESS CITY-ST-ZIP	1423 J	ohnson St. st. FL 33040			
TITLE		□ Delete	TITLE	LVEA ME	SC, PH 33040	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS	}			}	

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 accurate and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an accurate and that my name appears in Block 10 or Block 11 if changed.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

305-294-7775

Daytime Phone #