

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90135 047 ****61.25

DOCUMENT # 744178

1. Entity Name

KEY WEST BUSINESS GUILD, INC.

Principal Place of Business

Mailing Address

**728 DUVAL ST
 KEY WEST FL 33040**

**P.O. BOX 1208
 KEY WEST FL 33041**

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

59-1931515

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

7. Name and Address of New Registered Agent

**SMITH, WAYNE LARUE
~~917 WHITEHEAD ST~~
 KEY WEST FL 33040**

Name

Street Address (P.O. Box Number is Not Acceptable)

333 Fleming St.

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, LOU	
STREET ADDRESS	1505 LAIRD ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALLEN, JON	
STREET ADDRESS	1129 FLEMING STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEANDER, KEVIN	
STREET ADDRESS	1423 JOHNSON STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KOSIK, JOHN	
STREET ADDRESS	1403 ROSE STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Arnow	
STREET ADDRESS	1413 Rose Street	
CITY-ST-ZIP	Key West, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Monty L. Jackson 4-12-02 (305) 294-4603

Date

Daytime Phone #

CR2E037 (9/01)