

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90167 011 \*\*\*\*61.25

**DOCUMENT # 756769**

1. Entity Name

**UNITED WAY OF MONROE COUNTY, INC.**

Principal Place of Business

Mailing Address

400 UNITED STREET  
 KEY WEST FL 33040

P.O. BOX 2910  
 KEY WEST FL 33045-2910  
 US

2. Principal Place of Business

3. Mailing Address

1400 United Street  
 Suite, Apt. #, etc.

P.O. Box 2910  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Key West, FL

Key West, FL

4. FEI Number

59-1288630

Applied For

Not Applicable

Zip

Country

Zip

Country

33040

U.S.

33045-2910

U.S.

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

GOULDY, SUSAN  
 1400 UNITED STREET  
 KEY WEST FL 33040

Name  
 Susan Gouldy - N/A

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

1400 United Street

City

FL

Zip Code

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	YAHN, DANNY	2945 GROUPE DRIVE	MARATHON FL 33050	<input type="checkbox"/>
D	YUNKERS, MILL JR.	P O BOX 2808	KEY LARGO FL 33037	<input checked="" type="checkbox"/>
TD	DOLAN-HEITLINGER, JOHN	C/O KEYS FED CR. UNION, PEARY CT.	KEY WEST FL	<input type="checkbox"/>
D	HARDER, JACKIE	P O BOX 1197	TAVERNIER FL 33070	<input type="checkbox"/>
D	MOORE, TOM	101499 OVERSEAS HWY	KEY LARGO FL 33037	<input type="checkbox"/>
D	LANNON, MICHAEL	242 WHITE STREET	KEY WEST FL 33040	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
S	Judy Greene	1111 12th Street #	Key West, FL 33040	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Wayne Markham	P.O. Box 50158	Marathon, FL 33050	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Rick Rice	3301 Overseas Highway	Marathon, FL 33050	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Larry Kelley	3103 Overseas Highway	Marathon, FL 33050	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Leon Fowler	1400 C United Street	Key West, FL 33040	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Bob Per yam	3103 Overseas Highway	Marathon, FL 33050	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 empowerments.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-02

305-296-3464

Date

Daytime Phone #

CR2E037 (9/01)