

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03583

1. Entity Name

KEY WEST CULTURAL PRESERVATION SOCIETY, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90091 040 ****70.00

Principal Place of Business

Mailing Address

P.O. BOX 4837
KEY WEST FL 33041-4837

P.O. BOX 4837
KEY WEST FL 33041-4837

2. Principal Place of Business

3. Mailing Address

Maury Square Deck
Suite, Apt. #, etc.

P.O. Box 4837
Suite, Apt. #, etc.

City & State

City & State

Key West FL

Key West FL

Zip *33040*

Country *Monroe*

Zip *33041*

Country *Monroe*

4. FEI Number

59-2631154

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

DAVE DELROSSO
1001 18TH ST
KEY WEST FL 33040

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.

SIGNATURE

Dave Delrosso

3-16-00

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	D	☒ Delete
NAME	BUXTON, SUSANNE	
STREET ADDRESS	315 B ELIZABETH ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	C	☒ Delete
NAME	JOANNE HASMAN	
STREET ADDRESS	1208 VIRGINIA ST 1	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VC	☒ Delete
NAME	DONALD T SULLIVAN	
STREET ADDRESS	623 ELIZABETH ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	☒ Delete
NAME	SATTELMEIER, MIKE	
STREET ADDRESS	5700 LAUREL AVE, #63	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	S	☒ Delete
NAME	O'NEIL, DOUG	
STREET ADDRESS	47 BOUNDARY LANE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	☐ Delete
NAME	SUMMERS, ANN	
STREET ADDRESS	15 DELMAR BLVD.	
CITY-ST-ZIP	KEY WEST FL 33040	

TITLE	C	☐ Change ☒ Addition
NAME	Isaac Valdes	
STREET ADDRESS	1200 1st St	
CITY-ST-ZIP	Key West FL 33040	
TITLE	VC	☐ Change ☒ Addition
NAME	RON HERNANDEZ	
STREET ADDRESS	2421 Fogarty Ave Rear	
CITY-ST-ZIP	Key West FL 33040	
TITLE	T	☒ Change ☐ Addition
NAME	ANN SUMMERS	
STREET ADDRESS	15 Delmar Blvd	
CITY-ST-ZIP	Key West FL 33040	
TITLE	S	☐ Change ☒ Addition
NAME	BACBACA WINKO	
STREET ADDRESS	23 Puerta Dr	
CITY-ST-ZIP	Key West FL 33040	
TITLE	D	☐ Change ☒ Addition
NAME	Cydall Cochran	
STREET ADDRESS	1581 Seminary	
CITY-ST-ZIP	Key West FL 33040	
TITLE	D	☐ Change ☒ Addition
NAME	Rick Martin	
STREET ADDRESS	2785 Koehn Ave	
CITY-ST-ZIP	Big Pine Key FL 33043	

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:

Ann Summers

3/16/00

305-296-3511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #