2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 08:00 AM
Secretary of State

DOCUMENT # **N03583**

1. Entity Name
KEY WEST CULTURAL PRESERVATION SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4837 MALLORY SQUARE DECK KEY WEST FL 33040	P.O. BOX 4837 KEY WEST FL 330414837

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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 US	Name Street Address (P.O. 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 _____ **03/16/2001**
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		TITLE	D	☒ Change	☐ Addition
NAME	SUMMERS ANN			NAME	RALSTON RAY		
STREET ADDRESS	15 DELMAR BLVD.			STREET ADDRESS	P.O. BOX 4837		
CITY-ST-ZIP	KEY WEST FL 33040			CITY-ST-ZIP	KEY WEST FL 33040		
TITLE	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	COCHRAN CYDALL			NAME	SATTELMEIR MIKE		
STREET ADDRESS	1581 SEMINARY			STREET ADDRESS	5700 LAUREL AVE. #63		
CITY-ST-ZIP	KEY WEST FL 33040			CITY-ST-ZIP	KEY WEST FL 33040		
TITLE	S	☐ Delete		TITLE	S	☒ Change	☐ Addition
NAME	WINKO BARBARA			NAME	MOFFITAN RAY		
STREET ADDRESS	23 PUERTA DR			STREET ADDRESS	1418 JOHNSON ST.		
CITY-ST-ZIP	KEY WEST FL 33040			CITY-ST-ZIP	KEY WEST FL 33040		
TITLE	T	☐ Delete		TITLE	C	☒ Change	☐ Addition
NAME	SUMMERS ANN			NAME	SUMMERS ANN		
STREET ADDRESS	15 DELMAR BLVD			STREET ADDRESS	15 DELMAR BLVD		
CITY-ST-ZIP	KEY WEST FL 33040			CITY-ST-ZIP	KEY WEST FL 33040		
TITLE	VC	☐ Delete		TITLE	VC	☒ Change	☐ Addition
NAME	HERNANDEZ RON			NAME	BAMFIELD ROY		
STREET ADDRESS	2421 FOGERTY AVE RD			STREET ADDRESS	715 CAROLINE ST. #2		
CITY-ST-ZIP	KEY WEST FL 33040			CITY-ST-ZIP	KEY WEST FL 33040		
TITLE	C	☐ Delete		TITLE	T	☒ Change	☐ Addition
NAME	VALDES ISAAC			NAME	WOOLFORD EDDY		
STREET ADDRESS	1200 FIRST ST.			STREET ADDRESS	3444 FLAGLER AVE		
CITY-ST-ZIP	KEY WEST FL 33040			CITY-ST-ZIP	KEY WEST FL 33040		

CR2E037 (11/00)

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 C 03/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JAN NELSON D
2601 S. ROOSEVELT BLVD.

KEY WEST, FL 33040