2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N03583

Entity Name: KEY WEST CULTURAL PRESERVATION SOCIETY, INC.

FILED Apr 25, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 4837 MALLORY SQUARE DECK KEY WEST, FL 33040 **New Mailing Address: Current Mailing Address:** P.O. BOX 4837 KEY WEST, FL 330414837 FEI Number: 59-2631154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVE DELROSSO 1001 18TH ST KEY WEST, FL 33040 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WOOLFORD, EDDY Name: Name: 3444 FLAGLER AVE Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: VC () Delete Title: VC (X) Change () Addition BAMFIELD, ROY Name: NELSON, JAN Name: Address: 715 CAROLINE ST. #2 Address: 2601 S.ROOSEVELT #113C City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: () Delete Title: () Change () Addition SUMMERS, ANN Name: Name: 15 DELMAR BLVD Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: (X) Change () Addition LIGUORI, SABRINA Name: MOFFITAN, RAY Name: 1418 JOHNSON ST. 711 CAROLINE ST. Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: () Delete Title: (X) Change () Addition SATTELMEIR, MIKE RIGGS, MARK Name: Name: 5700 LAUREL AVE. #63 43 RIVIERA DR. Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: () Delete Title: (X) Change () Addition RALSTON, RAY GUTSCHE, GREG Name: Name: Address: P.O. BOX 4837 Address: P.O. BOX 2814 KEY WEST, FL 33040 KEY WEST, FL 33041 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE SUMMERS MS. 04/25/2002