

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90049 015 ****61.25

DOCUMENT # N36293

1. Entity Name

FLORIDA KEYS AREA HEALTH EDUCATION CENTER PROGRA

Principal Place of Business

Mailing Address

**8901 OVERSEAS HWY
 MARATHON FL 33050
 US**

**8901 OVERSEAS HWY
 MARATHON FL 33050-3250
 US**

2. Principal Place of Business

3. Mailing Address

9713 Overseas Highway

9713 Overseas Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marathon, FL

City & State

Marathon, FL

4. FEI Number

65-0183810

Applied For

Not Applicable

Zip

33050

Country

US

Zip

33050

Country

US

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

**JOUBERT, MARY
 8901 OVERSEAS HWY
 MARATHON FL 33050**

Name

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

9713 Overseas Highway

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 **Mary Joubert, Executive Director**

2/8/00

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 **CD** Delete
 NAME **RICE, DAVID D PH**
 STREET ADDRESS **3000 41ST STREET**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **COTTRELL, CHERYL**
 STREET ADDRESS **91500 OVERSEAS HIGHWAY**
 CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **ALFORD, S.P. CDR**
 STREET ADDRESS **P.O. BOX 9052**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **TAVERNIER, PATRICE**
 STREET ADDRESS **3301 OVERSEAS HWY**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE Change Addition
 NAME **Puto, Christine**
 STREET ADDRESS **2945 Overseas Highway**
 CITY-ST-ZIP **Marathon, FL 33050**

TITLE **ED** Delete
 NAME **JOUBERT, MARY**
 STREET ADDRESS **8901 OVERSEAS HWY**
 CITY-ST-ZIP **MARATHON FL**

TITLE Change Addition
 NAME **Joubert, Mary**
 STREET ADDRESS **9713 Overseas Highway**
 CITY-ST-ZIP **Marathon, FL 33050**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Mary Joubert
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00
 Date

(305) 743-7111
 Daytime Phone #

CR2E037 (9/99)