

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90067 033 ****61.25

DOCUMENT # N47087

1. Entity Name

KEYS CHILDREN'S FOUNDATION, INC.

Principal Place of Business

Mailing Address

31 OCEAN REEF DR
SUITE 208
KEY LARGO FL 33037

31 OCEAN REEF DR
SUITE 208
KEY LARGO FL 33037

625168



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4 South Rd. Key Largo FL 33037
Suite, Apt. #, etc.

3. Mailing Address

24 Dockside Lane
Suite, Apt. #, etc.
PM B # 139

City & State

Key Largo, FL

City & State

Key Largo, FL

4. FEI Number

65-0338315

Applied For

☒ Not Applicable

Zip

Country

33037

U.S.A.

Zip

Country

33037

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BACHER, CLAUDINE
31 OCEAN REEF DR
SUITE 208
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name

Evelyn F. Gosko

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

4 South Rd., Ocean Reef Club

City

Key Largo

FL

Zip Code

33037

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

Evelyn F. Gosko

Evelyn F. Gosko

2/23/01

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

TITLE PD
NAME BACHER, CLAUDINE
STREET ADDRESS 54 TARPAN LANE
CITY-ST-ZIP KEY LARGO FL 33037 ☒ Delete

TITLE VD
NAME CUMMINGS, PETER
STREET ADDRESS 34 E SNAPPER PT DR
CITY-ST-ZIP KEY LARGO FL 33037 ☒ Delete

TITLE ~~STD~~
NAME GOSKO, EVELYN
STREET ADDRESS 4 S RD
CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Gosko Evelyn
STREET ADDRESS 4 South Rd
CITY-ST-ZIP Key Largo FL 33037 ☒ Change ☐ Addition

TITLE VD
NAME MARGE Leenhauts
STREET ADDRESS 41 ANCHOR DRIVE
CITY-ST-ZIP Key Largo FL 33037 ☐ Change ☒ Addition

TITLE ~~STD~~
NAME Nancy Stocker
STREET ADDRESS 56 MARLIN Lane
CITY-ST-ZIP Key Largo FL 33037 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Evelyn F. Gosko

2/23/01

305-367-4211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)