

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90036 037 ****70.00

DOCUMENT # N93000003265

1. Entity Name

KEY CENTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

% CHESTER V. COLE
 1315 NORTH VANNORWICK ROAD
 LECANTO FL 34661-9710

16 NE 5TH ST
 CRYSTAL RIVER FL 34452-4571
 US

B0017664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

130 Heights Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Inverness FL

4. FEI Number

59-3200079

Applied For

Not Applied For

Zip

Country

Zip

Country

34452-4571

Citrus

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

Name

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

City

FL

Zip Code

COLE, CHESTER V
 1315 NORTH VANNORWICK ROAD
 LECANTO FL 34661-9710

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

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 Delete
 NAME PD
 STREET ADDRESS WHITTON JR., B. M
 CITY-ST-ZIP 4930 N. MAPLE TERRACE
 HERNANDO FL

TITLE Change *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ST
 STREET ADDRESS COLE, CHESTER V
 CITY-ST-ZIP 1315 N. VANNORTWICK ROAD
 LECANTO FL-34461

TITLE Change *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS HUPP, IRENE R
 CITY-ST-ZIP N. HWY 19 P.O. BOX 170 N/A
 LECANTO FL

TITLE Change *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS JOYNER, SAMUEL
 CITY-ST-ZIP E. HWY 44 P.O. BOX 98 N/A
 CRYSTAL RIVER FL

TITLE Change *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VD
 STREET ADDRESS ARMSTRONG, DAN W
 CITY-ST-ZIP 58 N ROBINHOOD RD
 INVERNESS FL

TITLE Change *
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change *
 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: *B. M. Whitton, Jr.*

B.M. Whitton, Jr. 1-31-00

352/341-4633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #