

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

0078343

DOCUMENT # N93000003265

1. Entity Name

KEY CENTER FOUNDATION, INC.

02-15-2001 90036 018 ****70.00

Principal Place of Business

Mailing Address

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

**130 HEIGHTS AVE
 INVERNESS FL 34452-4571
 US**

020001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3200079

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

Street Address (P.O. Box 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

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

TITLE Vice President Change Addition
 NAME Dr. Edward Dodge
 STREET ADDRESS 8700 E Ft Cooper Road
 CITY-ST-ZIP Inverness, FL 34450-7347

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Brian Whitton, Jr.* B.M. Whitton, Jr. President 1/31/01 (352) 341-4633
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)