2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000960

1. Entity Name

MONROE COUNCIL OF THE ARTS CORPORATION

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90198 039 ****70.00

Principal Place of Business	Mailing Address
P.O. BOX 717 KEY WEST FL 33041	P.O. BOX 717 KEY WEST FL 33041-0717

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0737532 ☐ Applied For ☐ Not Applicable

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
HASKELL, MONICA 2819 HARRIS AVENUE KEY WEST FL 33040	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ANDERSEN, WILLIAM E 501 WHITEHEAD STREET KEY WEST FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MORO, PINO 188 INDIES DRIVE SOUTH DUCK KEY FL 33050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WAITE, CRIS 1201 ASHBY STREET KEY WEST FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD IVEY, CAROL 251 APACHE ST TAVERNIER FL 33070	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GAUTHIER, DIANE 750 PRADO CIRCLE KEY WEST FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 1-25-2000 305-296-8480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #