

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 29, 2002 8:00 am
Secretary of State

04-16-2002 90165 022 ****70.00

DOCUMENT # N97000004824

1. Entity Name

KEY WEST SYMPHONY ORCHESTRA, INC.

Principal Place of Business

Mailing Address

% P.O. BOX 774
 KEY WEST FL 33041-0774

% P.O. BOX 774
 KEY WEST FL 33041-0774

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

65-0846695

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

GRUSIN, MARY
1025 WHITE STREET
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name **Frank E. Wood**

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

1009 1/2 South St. - upstairs

City **Key West**

FL

Zip Code
33040

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 **Frank E. Wood, Managing Director**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/28/02

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** Delete
 NAME **HOLBERG, RONALD**
 STREET ADDRESS **537 CAROLINE ST**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **EVPO** Delete
 NAME **WEINHOZER, JOANNA**
 STREET ADDRESS **3023 RIVERA DR**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **SD** Delete
 NAME **JONES, NANCY**
 STREET ADDRESS **1516 DUNCOMBE ST**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **TD** Delete
 NAME **WEISS, ROBIN**
 STREET ADDRESS **626 WILLIAM ST**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** Change Addition
 NAME **Carla Cook's** **D**
 STREET ADDRESS **628 Grinnell St.**
 CITY-ST-ZIP **Key West FL 33040**

TITLE **VP** Change Addition
 NAME **Kenneth Domanski** **D**
 STREET ADDRESS **510 Emma St.**
 CITY-ST-ZIP **Key West FL 33040**

TITLE **Secretary** Change Addition
 NAME **Karen Frusher** **D**
 STREET ADDRESS **1200 Florida St.**
 CITY-ST-ZIP **Key West FL 33040**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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)(l), 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 and Typed or Printed Name of Signing Officer or Director

4/5/02 **305/292-1774**
 Date Daytime Phone #

CR2E037 (8/01)