2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NOTOOOA824



FILED Feb 20, 2003 8:00 am Secretary of State 01-30-2003 90174 003 ****61.25

						<u> </u>		
•	lace of Business	Mailing Address	;					
» P.O. BOX (EY WEST	(774 FL 33041-0774	% P.O. BOX 774 KEY WEST FL 33041-077	4 :					
2. Principa	Il Place of Business	3. Mailing Address	<u>.</u>					
Suite, A	ot. #, etc.	Suite, Apt. #, etc.	<u>.</u>			CHECK HERE IF 1		
City & S	tate	City & State	•		4. FEI Number 6			Applied For
Zip	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	5. Certificate of S		□ \$8.75 A	Not Applicab
	6. Name and Address of Cur	rrent Registered Agent	<u> </u>		<u> </u>	dress of New Regi	Fee Requi	red
			Nan				Stored Agent	
1025 W	i, mary — Hite street Est FL 33040		Stre	et Address (F	NK E WOO P.O. Box Number is 5 WHITE S	Not Acceptable)	REAR	
			City				FL Zip Co	
The above	ve named entity submits this stateme	ent for the purpose of changing it	s registered offic	E or registere	WEST ed agent, or both, in	the State of Florida		040
IGNATURE	ations of registered agent. Signature, typed or printed name of registered	Wod				1-24		
		ageni and title ii applicable. (NO	TE: Registered Agent si	ionatura recuired	when mineraling)		Date	
		agent and title if applicable. (NO	TE: Registered Agent si	ignature required	when reinstating)		DATE	
	FILE NOW: FEE IS \$61.25	9. Election Ca	TE: Registered Agent si empaign Financin Contribution,		\$5.00 May Be Added to Fees		Check Payable Department of	
	FILE NOW: FEE IS \$61.25	9. Election Ca Trust Fund D DIRECTORS	empaign Financin Contribution,	ng 🗆	\$5.00 May Be	Florida [Check Payable Department of	State
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LE Me Reet address	OFFICERS AND CURTIS, CARLA	9. Election Ca Trust Fund D DIRECTORS	Empaign Financin Contribution, 111.	PD FRAI	\$5.00 May Be Added to Fees DDITIONS/CHANG NK ROMANO KEY HAVEN	Florida (Check Payable Department of	State N 10
le Me Beet address Y-ST-ZIP Le Me	PD CURTIS, CARLA 628 GRINNELL ST. KEY WEST FL 33040 VPD DOMANSKI, KENNETH	9. Election Ca Trust Fund D DIRECTORS	TITLE NAME NAME NAME NAME NAME NAME NAME NAM	PD FRAI 58 I KEY VPD ELEI	\$5.00 May Be Added to Fees DDITIONS/CHANG NK ROMANO KEY HAVEN WEST, FL	Florida DES TO OFFICERS A	Check Payable Department of AND DIRECTORS II Change	State N 10
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te this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE REQUIRED ON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARY OFFICER OR DIRECTOR