

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0034762

DOCUMENT # N98000002505

03-08-2001 90104 040 ****61.25

1. Entity Name

KEYS-WIDE CIVIC ASSOCIATION, INC.

Principal Place of Business 24949 PALM LANE SUMMERLAND KEY FL 33042	Mailing Address P.O. BOX 421148 SUMMERLAND KEY FL 33042-1148
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727101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0869770		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MILLS, CHARLES R JR 24949 PALM LANE SUMMERLAND KEY FL 33042				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 _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLS, CHARLES R SR			NAME			
STREET ADDRESS	24950 PALM LN			STREET ADDRESS			
CITY-ST-ZIP	SUMMERLAND KEY FL 33042			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLS, PAT			NAME			
STREET ADDRESS	24940 PALM LN			STREET ADDRESS			
CITY-ST-ZIP	SUMMERLAND KEY FL 33042			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARPENTER, JUANITA			NAME			
STREET ADDRESS	24950 PALM LN			STREET ADDRESS			
CITY-ST-ZIP	SUMMERLAND KEY FL 33042			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YORDE, LINDA			NAME			
STREET ADDRESS	155 AIRPORT DR			STREET ADDRESS			
CITY-ST-ZIP	SUMMERLAND KEY FL 33042			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKINKEVICH, EUGENE			NAME			
STREET ADDRESS	1206 W SHORE DR			STREET ADDRESS			
CITY-ST-ZIP	BIG PINE KEY FL 33-0432			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAXTON, EUGENE			NAME			
STREET ADDRESS	22338 JOLLY ROGER DR			STREET ADDRESS			
CITY-ST-ZIP	CUDJOE KEY FL 33042			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: REPAIR MILLS TREASURE 3-7-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)