

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90049 039 ****61.25

DOCUMENT # N98000002505

1. Entity Name

KEYS-WIDE CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**24949 PALM LANE
 SUMMERLAND KEY FL 33042**

**P.O. BOX 421148
 SUMMERLAND KEY FL 33042-1148**

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

65-0869770

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 _____

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	P	<input type="checkbox"/> Delete
NAME	MILLS, CHARLES R SR	
STREET ADDRESS	24950 PALM LN	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLS, PAT	
STREET ADDRESS	24940 PALM LN	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARPENTER, JUANITA	
STREET ADDRESS	24950 PALM LN	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	D	<input type="checkbox"/> Delete
NAME	YORDE, LINDA	
STREET ADDRESS	155 AIRPORT DR	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKINKEVICH, EUGENE	
STREET ADDRESS	1206 W SHORE DR	
CITY-ST-ZIP	BIG PINE KEY FL 33-0432	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAXTON, EUGENE	
STREET ADDRESS	22338 JOLLY ROGER DR	
CITY-ST-ZIP	CUDJOE KEY FL 33042	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles R. Mills Jr.* **pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-02

Date

Daytime Phone #

CR2E037 (9/01)