## 2000 UNIFORM BUSINESS REPORT (UBR)

# DOCUMENT # N9900007080

1. Entity Name

### FRIENDS OF FELINES OF THE FLORIDA KEYS, INCORPOR

# Principal Place of Business Mailing Address 165 MOHAWK STREET TAVERNIER FL 33070 TAVERNIER FL 33070 2. Principal Place of Business 3. Mailing Address

# FILED May 01, 2000 8:00 am Secretary of State

05-01-2000 90416 012 \*\*\*\*61.25



Zip	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Signature:    Country   Co	City & State	е	City & State	City & State		4. FEI Number 65-0969184			<del>``</del>	
Name	Zip	Country	Zip .	Country		5 Cartificate of Status Doginal   \$8.75 Additional				
STREET ADDRESS OF THE STREET ADDRESS OF STREET A		6. Name and Address of Curre		7. Name and Address of New Registered Agent						
INITIAL DEPOSITOR SAMUEL E  10. OFFICERS AND DIRECTORS IN Debter  TITLE  D  OFFICERS AND DIRECTORS IN DEBTE ADDRESS  TOTY ST-2P  TAVERNIER FL 33070  TOTY ST-2P  TITLE  D  OFFICERS AND DEBter  TITLE  NAME  STRET ADDRESS  OTTY-ST-2P  TITLE  NAME  TITLE  TITLE  NAME  TITLE  NAME  TITLE				Name						
B. The above named entity submits this statement for the purpose of changing lis registered office or registered agent, or both, in the state of Florida.  SIGNATURE    Signature Special or printed more of registered agent and site if applicable. (NOTE fing more Agent signature reculted when infentively)   DATE	VINICUR, SAMUEL E				Street Address (P.O. Box Number is Not Acceptable)					
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, hyper or purpose name of registered agent and site if applicable.						-				
SIGNATURE    FILE NOW: FEE IS \$61.25	TAVERNIE	R FL 33070		City			F	L Zip Co	de	
FILE NOW: FEE IS \$61.25  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME SITERET ADDRESS CITY-SI-2P  TITLE NAME NAME SITERET ADDRESS CITY-SI-2P  TITLE NAME NAME SITERET ADDRESS CITY-SI-2P  TITLE NAME SITERET	8. The above	named entity submits this statement	t for the purpose of changing its re	egistered office or	registered	agent, or both,	in the state of Florida.			
TILE DO GREET ADDRESS CITY-ST-ZIP PRESTANDERS CITY-ST-ZIP Delete MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP Delete MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-S	SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: I	Registered Agent signate	ure required wi	nen reinstating)	DATE			
TITLE MAME SIRET ADDRESS CITY-ST-ZIP  TITLE  D CHESHER, JUDITH A STRET ADDRESS CITY-ST-ZIP  TITLE D CHESHER, JUDITH A STRET ADDRESS CITY-ST-ZIP  TITLE D CHESHER, JUDITH A STRET ADDRESS CITY-ST-ZIP  TITLE D CHESHER, JUDITH A STRET ADDRESS CITY-ST-ZIP  TITLE D CHESHER, JUDITH A STRET ADDRESS CITY-ST-ZIP  TITLE D CHESHER, JUDITH A STRET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STRET ADD		· · · · ·	, ,	, , , , , , , , , , , , , , , , , , , ,						
TITLE MAME SIRET ADDRESS CITY-ST-ZIP  TITLE  D CHESHER, JUDITH A STRET ADDRESS CITY-ST-ZIP  TITLE D CHESHER, JUDITH A STRET ADDRESS CITY-ST-ZIP  TITLE D CHESHER, JUDITH A STRET ADDRESS CITY-ST-ZIP  TITLE D CHESHER, JUDITH A STRET ADDRESS CITY-ST-ZIP  TITLE D CHESHER, JUDITH A STRET ADDRESS CITY-ST-ZIP  TITLE D CHESHER, JUDITH A STRET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STRET ADD	10.	OFFICERS AND I	L	11.	A[	DITIONS/CHAI	NGES TO OFFICERS AND	DIRECTORS I	N 10	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				<del></del>						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		, <del>-</del>		NAME						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	•		STREET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	I '	_	CITY-ST-ZIP	_					
STREET ADDRESS CITY-ST-ZIP- TAVERNIER FL-33070  TITLE NAME PRESTON, JACQUELINE N 17123 S.W. 149TH PLACE MIAMI FL 33187  Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	1"	☐ Delete	TITLE				Change	Addition Addition	
CITY-ST-ZIP	NAME	CHESHER, JUDITH A		NAME	ļ					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		155 INDIAN AVENUE		-						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP-	TAVERNIER FL-33070		_CITY-ST-ZIP	~~··×	<del></del>	The second secon	<u> </u>		
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	1 =	☐ Delete					L. Change	L_] Addition	
CITY-ST-ZIP   MIAMI FL 33187		•			}					
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP		MIAMI FL 33187		· · · · · · · · · · · · · · · · · · ·	<del></del>			Change.	Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP			. ∟ Delete	•	!					
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE         Delete         TITLE         NAME         Addition           NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP           CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP					<b>j</b>					
TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Addition           TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP				3						
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP			□ Delete	TITLE		<del></del> _		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP										
CITY-ST-ZIP         :		ĺ			ĺ			A. J. C. C.	g et i.	
NAME STREET ADDRESS CITY-ST-ZIP NAME CITY-ST-ZIP				CITY-ST-ZIP	ĺ				5 	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE	<del></del>	□ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP								•		
		1		STREET ADDRESS			•			
12. Thereby 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		1		CITY-ST-ZIP	1					
	12. I hereby o	certify that the information supplied w	vith this filing does not qualify for t	he exemption sta	ted in Sec	ion 119.07(3)(i)	, Florida Statutes. I further o	certify that the	information	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(3)(i), Horida Statutes. I turner 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/propowered 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:

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VR\_\_\_\_\_

0 30.7/852-8

Daytime Phone #