

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90049 023 ****70.00

DOCUMENT # C10007

1. Entity Name

SAINT PAUL'S PROTESTANT EPISCOPAL CHURCH OF KEY

Principal Place of Business

401 DUVAL ST.
KEY WEST FL 33040

Mailing Address

C/O HARRY F KNIGHT
1016 FLAGLER AVE.
KEY WEST FL 33040-4816
US

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

59-2368463

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

02-03-00

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACEVEDO, RANDY 1115 17TH TERR KEY WEST FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIM RICHARDSON 1402 SOUTH ST. KEY WEST, FL 33040 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIROFF, DAVID 1514 PATRICIA ST KEY WEST FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARAH FOWLER 1201 WHITEHEAD ST. KEY WEST, FL 33040 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, DOUG 401 DUVAL ST KEY WEST FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANIELA, KEVIN 3930 S. ROOSEVELT BLVD KEY WEST FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRY, DONALD 2210 PATTERSON AVE KEY WEST FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIES, ADRIAN 1403 TRUMAN AVE KEY WEST FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-03-00

305-
294-4776

CR2E037 (9/99)