2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # **N95000000776** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name BOYS & GIRLS CLUBS OF THE KEYS AREA, INC. 04-20-2000 90010 034 ****70.00 Principal Place of Business Mailing Address 1400 B UNITED ST 1400 B UNITED ST KEY WEST FL 33040-3414 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0678071 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUZAnne Street Address (P.O. Box Number is Not Acceptable) BEYER, MARILYN Flemina 968 SHAW DRIVE KEY LARGO FL 33037 City Zip Code West **3**240 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 SUZA<u>nne</u> SIGNATURE d name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or pr 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. X Addition TITLE TITLE ☐ Delete NAME NAME Suzanne Skjold SULLIVAN, GREG Fleming STREET ADDRESS STREET ADDRESS 3140 NORTHSIDE BLVD #102 CITY-ST-ZIP CITY-ST-ZIP Wost FL <u> 33040</u> KEY WEST FL 33040 **Addition** ☐ Change TITLE TITLE D 🔀 Delete SAbrina Rivas NAME NAME MOORE, TOM 1800 moloney Are STREET ADDRESS STREET ADDRESS 119 FAIRWICH COURT CITY-ST-ZIP CITY-ST-ZIE West TAVERNIER FL 33070 ☐ Change Addition 💢 Delete TITLE TITLE. VPD FLEET, JANE V NAME NAME STREET ADDRESS 25 Angola STREET ADDRESS 100460 OVERSEAS HWY CITY-ST-7IP CITY-ST-ZIP KEY LARGO FL 33037 Addition Change TITLE **VPD** ☐ Delete TITLE NAME ARTMAN, GREG NAME STREET ADDRESS STREET ADDRESS 1547 FIFTH ST CITY-ST-ZIP CITY-ST-ZIP <u>KEY WEST FL 33040</u> Delete ☐ Change Addition TITLE TITLE Galland NAME NAME BEYER, MARILYN 109 STREET ADDRESS STREET ADDRESS 968 SHAW DRIVE CITY-ST-ZIP CITY-ST-ZIF 33000 KEY LARGO FL 33037 ☐ Change Addition TITLE MD Delete TITLE D Gordon Dillon NAME ROBBINS, BRENT A NAME STREET ADDRESS STREET ADDRESS 22628 La Fitte Dr. 1016 WATSON LN CITY-ST-ZIP Lipida Statutes. I further 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 CITY-ST-ZIP

SIGNATURE AND TYPED OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OF SIGNING OFFICER OR DIRECTOR

Date



D Additon Erin Larabee 402 Applerouth Ln.

<u>Key west</u>. FL 33040

D Addition Shawn Smith 402 Applerouth Ln. Key West, FL 33040