

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91577 043 ****61.25

DOCUMENT # N98000005559

1. Entity Name

THE KEY LARGO LIONS FOUNDATION, INC.

Principal Place of Business

5 Homestead Ave
P.O. BOX 5
KEY LARGO FL 33037

Mailing Address

P.O. BOX 5
KEY LARGO FL 33037

2. Principal Place of Business

5 Homestead Ave
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0865820

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JUDITH
2 BOWEN DR.
KEY LARGO FL 33037

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

5-14-01

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

TITLE **D** ☒ Delete
NAME **MITCHELL, JUDITH**
STREET ADDRESS **2 BOWEN DR.**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **D** ☐ Delete
NAME **MESA, ISABEL**
STREET ADDRESS **1124 GULFSTREAM LN.**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **D** ☐ Delete
NAME **BARR, LARRY**
STREET ADDRESS **114 CORAL WAY**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D.** ☒ Change ☐ Addition
NAME **CHAS Sante**
STREET ADDRESS **P.O. Box 3006 300 Atlantic Dr**
CITY-ST-ZIP **Key Largo, FL 33037**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

5-14-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)