

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90159 048 \*\*\*\*61.25

**DOCUMENT # N92000000196**

1. Entity Name

**UPPER KEYS ROTARY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

% CHARLES A. RUSSELL, FLA. KEYS ELECTRIC  
 COOP ASSOC. INC., P.O. BOX 700377  
 TAVERNIER FL 33070-0377

PO BOX 377  
 TAVERNIER FL 33070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0385528**

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

7. Name and Address of New Registered Agent

**RUSSELL, CHARLES A**  
**C/O FLORIDA KEYS ELECTRIC COOP**  
**91605 OVERSEAS HIGHWAY**  
**TAVERNIER FL 33070**

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	TD	<input type="checkbox"/> Delete
NAME	YPSILANTI, CHRIS	
STREET ADDRESS	238 2ND ROAD	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BACHELER, PETER D	
STREET ADDRESS	89240 OVERSEAS HWY. - 12	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROCCO, JOHN L	
STREET ADDRESS	424 SUNSHINE BLVD.	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KRATISH, DANIEL	
STREET ADDRESS	238 PUEBLO STREET	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HAWKINS, FRANK	
STREET ADDRESS	204 OCEAN DRIVE	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULICK, NICHOLAS W	
STREET ADDRESS	81990 OVERSEAS HWY-201	
CITY-ST-ZIP	ISLAMORADA FL 33036	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANEY, RANDY	
STREET ADDRESS	124 Bee Street	
CITY-ST-ZIP	Tavernier, FL 33070	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" 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		
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:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John L. Rocco, President 1/29/02 (305) 453-0368**

Date

Daytime Phone #

CR2E037 (9/01)