

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005559

1. Entity Name

THE KEY LARGO LIONS FOUNDATION, INC.

Principal Place of Business

Mailing Address

5 HOMESTEAD AVE
KEY LARGO FL 33037

P.O. BOX 5
KEY LARGO FL 33037

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

65-0865820

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

MITCHELL, JUDITH
2 BOWEN DR.
KEY LARGO FL 33037

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 ☐ Delete
NAME D SANE, CHAIS
STREET ADDRESS 300 ATLANTIC DR
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☒ Change ☐ Addition
NAME MITCHELL, JUDITH
STREET ADDRESS 2 BOWEN DRIVE
CITY-ST-ZIP KEY LARGO, FL 33037

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

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

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

TITLE ☒ Change ☐ Addition
NAME D SANE, CHRIS
STREET ADDRESS 300 ATLANTIC DRIVE
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

305 451-1271

Date

Daytime Phone #

CR2E037 (9/01)