2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am §
Secretary of State

വ	IMENIT	# N	140525

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

204 OCEAN DRIVE

TAVERNIER FL 33070

MULICK, NICHOLAS W

81990 OVERSEAS HWY 201

1. Entity Name POTADY CLUB OF THE LIPPED KEYS INC					04-24-2003 90245 031 ****61.25			
ROTARY CLUB OF THE UPPER KEYS, INC.								
Principal Plac	e of Business	Mailing Address	 .					
%CHARLES A. RUSSELL. FLA. KEYS ELECTRIC COOP. ASSOC. INC., P.O. BOX 700377 TAVERNIER FL 33070-0377		P.O. BOX 377 TAVERNIER FL 33070		,	1 (BB)((B) B)(B)	118 118 118 118 118 118 118 118 118 118 118 118 118 118 118 118 118 118 11	OKU BIBIK BIBIK BIBIK BIBIK BIBIK BI	
2. Principal Place of Business ON RAND CHANEY FKEC 3. Mailing Address								
Suite Apt. # etc. Suite Apt. #, etc. Suite Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
TAVERNIER FL		City & State	City & State		4. FEI Number 5	9-1630364		oplied For ot Applicable
Zip	33070 County	Zip	Country		5. Certificate of St		□ \$8.75 Ad Fee Require	
	6. Name and Address of Current F	Registered Agent	Nome	•	7. Name and Add	ress of New Re	egistered Agent	
DI IOOCI	OLIABITO A		Name	M.C.	AJANOU-	THOM	185-K	
	, CHARLES A RIDA KEYS ELECTRIC COOP	•	Stree A	diesent	P.O. Box Number is	et Acceptable)	Front	
	VERSEAS HIGHWAY			, 7) / • / 14	<u> </u>		<u></u>
_	ER FL 33070		City				2/0.01d	
City			0,	16	PUERNIER FL 33070			
								
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		the purpose of changing its re	egistered office or	registere	ed agent, or both, in	the State of Flor	2/11/03	and accept
the obligat		March	egistered office or THO WAS Registered Agent signatu	RN	Ahol 21	the State of Flor	DATE	and accept
the obligat	ions of registered agent.	allowald (NOTE: F	THO MAS	R N	Mc Donky when reinstating)	<u>.</u> 0	2/11/03	
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ISLAMORADA FL 33036 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.

TITLE

NAME

Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition