

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90083 039 ****70.00

DOCUMENT # 710550

1. Entity Name

KEY BISCAIYNE MUSIC AND DRAMA CLUB, INC.

Principal Place of Business

Mailing Address

% P.O. BOX 178
 KEY BISCAIYNE FL 33149

% P.O. BOX 178
 KEY BISCAIYNE FL 33149

2. Principal Place of Business

P.O. BOX 178

3. Mailing Address

P.O. BOX 178

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
KEY BISCAIYNE FL

City & State
KEY BISCAIYNE

4. FEI Number
 65-0317575

Applied For
 Not Applicable

Zip
33149

Country
DADE

Zip
33149

Country
DADE

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

FRIEDBERG, CAROL ANN R
 25 NE 99TH STREET
 MIAMI SHORES FL 33138

Name *LEONOR KRAUSS*
 Street Address (P.O. Box Number is Not Acceptable)
330 WEST ENID DR
 City *KEY BISCAIYNE FL* Zip Code *33149*

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 *LEONOR KRAUSS, TREASURER* *Leonor Krauss* *2-20-00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDBERG, CAROL-ANN R 25 NE 99TH ST MIAMI SHORES FL 33138	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEYER, ERWIN 4300 SW 13TH ST MIAMI FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD LICEA, ELENA 6370 W. FLAGLER APT 3 MIAMI FL 33144	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD SHANE, KAREN 4375 SW 13TH ST MIAMI FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALIN, LEE 751 CRANDON BLVD., APT 924 KEY BISCAIYNE FL 33149	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKAY, ERNESTINE 300 GREENWOOD DR KEY BISCAIYNE FL 33149	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKAY, ERNESTINE 300 GREENWOOD DR KEY BISCAIYNE FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEIDI MARKOWITZ 161 CRANDON BLVD KEY BISCAIYNE FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD RITA SARASUA 100 OCEAN LAKE DR KEY BISCAIYNE FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD LOUISA STICKEL #24 250 CALLENDR. KEY BISCAIYNE FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEONOR KRAUSS 330 WEST ENID DR KEY BISCAIYNE FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD KAREN SHANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Leonor Krauss* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *LEONOR KRAUSS* *2-20-00-305*
 Date Daytime Phone *3616978*

CR2E037 (9/99)