

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90078 032 \*\*\*\*75.00

**DOCUMENT # 710550**

1. Entity Name

**KEY BISCAYNE MUSIC AND DRAMA CLUB, INC.**

Principal Place of Business

Mailing Address

% P.O. BOX 178  
 KEY BISCAYNE FL 33149

% P.O. BOX 178  
 KEY BISCAYNE FL 33149

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 178**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**KEY BISCAYNE FL.**

4. FEI Number

**65-0317575**

Applied For

Not Applicable

Zip

Country

Zip  
**33149**

Country

**U.S.A.**

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

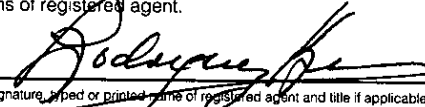
**KRAUSS, LEONOR**  
**330 WEST ENID DR**  
**KEY BISCAYNE FL 33149**

Name **KERR, BEVERLY (OCT/1/2002)**

Street Address (P.O. Box Number is Not Acceptable)  
**1705 N.E. 157 TERR**

City **MIAMI, FL FL** Zip Code **33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **9/6/02**

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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	Delete
PD	MCKAY, ERNESTINE	300 GREENWOOD DR	KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/>
VP	BLASI, ELLEN	240 CRANDON BLVD #212	KEY BISCAYNE FL 33149	<input type="checkbox"/>
CSD	PADOVAN, FEDERICO	425 GRAPETREE DR #204	KEY BISCAYNE FL 33149	<input type="checkbox"/>
D	THEODORA, ILENE	151 CRANDON BLVD #1002	KEY BISCAYNE FL 33149	<input type="checkbox"/>
TD	KRAUSS, LEONOR K	330 WEST ENID DR	KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/>
RSD	SHANE, KAREN	4375 SW 13TH STREET	MIAMI FL 33134	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD.	GLASSI, ELLEN	240 CRANDON BLVD #212	KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.P.	WILLIAMS, RICHARD	575 CRANDON BLVD.	KEY BISCAYNE FL 33149	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CSD	PADOVAN, FEDERICO	425 GRAPETREE DR #204	KEY BISCAYNE FL 33149	<input type="checkbox"/>	<input type="checkbox"/>
D.	THEODORA, ILENE	151 CRANDON BLVD #1002	KEY BISCAYNE FL 33149	<input type="checkbox"/>	<input type="checkbox"/>
TD	KERR, BEVERLY	1705 N.E. 157 TERR.	MIAMI FL 33162	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RSD	EVANS, PILAR	104 CRANDON BLVD SUITE 301	KEY BISCAYNE, FLA. 33149	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: 

DATE **9/6/02** 305-361-6976

CR2E037 (4/02)