

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720595

1. Entity Name

FLORIDA KEYS AUDUBON SOCIETY, INC.

Principal Place of Business

1735 BAHAMA DRIVE
KEY WEST FL 33040

Mailing Address

P.O. BOX 1573
KEY WEST FL 33041

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

23-7207666

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

HERRICK, HOMER B
1401 REYNOLDS STREET
UP
KEY WEST FL 33040-4710

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 P
STREET ADDRESS WHITESIDE, MARK
CITY-ST-ZIP 1735 BAHAMA DRIVE
KEY WEST FL 33040

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

TITLE ☐ Delete
NAME V
STREET ADDRESS HERRICK, HOMER
CITY-ST-ZIP 1401 REYNOLDS STREET
KEY WEST FL 33040

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

TITLE ☐ Delete
NAME S
STREET ADDRESS SPANN, PAULA
CITY-ST-ZIP 234 SAWYER DRIVE
CUDJOE KEY FL 33042

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

TITLE ☐ Delete
NAME T
STREET ADDRESS DRINKWATER, JANICE
CITY-ST-ZIP 95 BAY DRIVE
KEY WEST FL 33040

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BROWN, MARGE
CITY-ST-ZIP P.O. BOX 239
SUMMERLAND KEY FL 33042

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WILMERS, ELAINE
CITY-ST-ZIP 30246 WATSON BLVD.
BIG PINE KEY FL 33043

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:

JANICE S. DRINKWATER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JANICE S. DRINKWATER 1-31-2001 305-7451149
Date Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90189 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)