# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 29, 2002 8:00 am**
**Secretary of State**
04-29-2002 90156 040 ****61.25

DOCUMENT # 720595

1. Entity Name

FLORIDA KEYS AUDUBON SOCIETY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1735 BAHAMA DRIVE<br>KEY WEST FL 33040 | P.O. BOX 1573<br>KEY WEST FL 33041 |

DO NOT WRITE IN THIS SPACE

| 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<br>1401 REYNOLDS STREET<br>UP<br>KEY WEST FL 33040-4710 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>WHITESIDE, MARK<br>1735 BAHAMA DRIVE<br>KEY WEST FL 33040 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>HERRICK, HOMER<br>1401 REYNOLDS STREET<br>KEY WEST FL 33040 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SPANN, PAULA<br>234 SAWYER DRIVE<br>CUDJOE KEY FL 33042 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ADCOCK, JANE<br>408 WILLIAMS ST.<br>KEY WEST, FL. 33040 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>DRINKWATER, JANICE<br>95 BAY DRIVE<br>KEY WEST FL 33040 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, MARGE<br>P.O. BOX 239<br>SUMMERLAND KEY FL 33042 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | OSHADEN, GINNY<br>137 TRANSYLVANIA AVE.<br>KEY LARGO FL 33037 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILMERS, ELAINE<br>30246 WATSON BLVD.<br>BIG PINE KEY FL 33043 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 (JANICE S. DRINKWATER) 4-15-02 305 745-1149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #