

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90128 008 ****70.00

DOCUMENT # 726659

1. Entity Name

UPPER KEYS HUMANE SOCIETY, INC.

Principal Place of Business

Mailing Address

**MILE MARKER 101.5 US #1
 P. O. BOX 511
 KEY LARGO FL 33037**

**P.O. BOX 511
 KEY LARGO FL 33037-0511**

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

23-7434680

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VETRICK, JOSEPH ATTY
 171 HOOD AVE., #16
 TAVERNIER FL 33070**

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	PD	<input type="checkbox"/> Delete
NAME	LOWERY, JANE	
STREET ADDRESS	112 SABAL PALM LANE	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KETTMANN, KAREN	
STREET ADDRESS	108 PEACE RD.	
CITY-ST-ZIP	TAVERNIER FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	INGERSOL, MARDIE L	
STREET ADDRESS	145 WEST AVE C	
CITY-ST-ZIP	KEY LARGO FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHINGS, CLOVER	
STREET ADDRESS	4209 WOODLAND CT	
CITY-ST-ZIP	SEBRING FL 38558	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANN, ESTER	
STREET ADDRESS	6 WOODLAND CT	
CITY-ST-ZIP	FAIRFIELD SLADE TN 38558	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCULTHORPE, WILLIAM	
STREET ADDRESS	20 PERRY RD	
CITY-ST-ZIP	KEY LARGO FL 33037	

TITLE	V PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SONIA FEIT	
STREET ADDRESS	FEIT, SONIA	
CITY-ST-ZIP	222 NORMANDY DR. TAVERNIER, FL. 33070	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEACOCK, Fred, DVM	
STREET ADDRESS	mm 10016	
CITY-ST-ZIP	Key Largo, FL. 33037	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEIT, Morton	
STREET ADDRESS	222 NORMANDY DR	
CITY-ST-ZIP	TAVERNIER, FL. 33070	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly, EVA D	
STREET ADDRESS	425 SCABREEZE DR	
CITY-ST-ZIP	INDIANTHATIC, FL. 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mardie Ingersoll
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/2000

Daytime Phone #

305
 451-3883

CR2E037 (9/99)