2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 15, 2000 8:00 am Secretary of State 08-15-2000 90002 009 ****61.25 **DOCUMENT # 750586** 1. Entity Name MIDDLE KEYS CONCERT ASSOCIATION, INC.

Mailing Address

347 STIRRUP KEY BLVD.

MARATHON FL 33050

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2. Principal Place of Business 3. Mailing Address 5				2/						
Suite, Apt.	ب الرك ل	<u> </u>	DO NOT WRITE IN THIS SPACE							
200	122 12 H. Cair	Apt. #, etc.								_
Sity & Stat	cothern FL Daily 8	State	James .	\mathcal{T}	4. FEI Numbe	59-1971392		-	plied For t Applicable	
Zip	Country Zip	57	Country	$\mathcal{A}Z$	5. Certificate	of Status Desired		75 Add		1
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									┨	
-	and the second s		- Name			T	-a.\~_c	<u> </u>	· · · · · · · · · · · · · · · · · · ·	1
Add C Name Land T			Street Address (P.O. Box Number is Not Acceptable)							
MILLS, WILLIAM T. 347 STIRRUP KEY BLVD.			550 12 W.C.L.C.E.							
MARATHON FL 33050			10 Bx 51116							
			City		1	R. T	, FL Z	in Code	~<(1
8 The above	named entity submits the statement for the number	of changing ite	registered office of	$\mathcal{L}_{\text{coist}}$	COLOCO C	To the state of Fig		700	ابن	┨
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.										
~	= $($	\mathcal{C}		31	- 10-0	$\mathcal{T}_{\mathbf{a}}$	ol,	1	~ ^	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating): DATE										
	organico, ypod o panico name or ogranica agent and the il applicat	. (1101)	Thegistered Agent signat	na radanan	when remarkating)		DAIC			
	FILE NOW: FEE IS \$61.25	2. Election Camp	naign Financing	ΦE		Make	e Check Paya	bla ta		
	ember 13, 2000 min. will be \$236.25	Trust Fund Co			.00 May Be ded to Fees		partment of S		!	
10.	OFFICERS AND DIRECTORS		11.	·~	ADDITIONS/CHA	NGES TO OFFICE				۽∤
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NAME	MILLS, WILLIAM		NAME	Bri	1105	maige	<u></u>		Ì	
STREET ADDRESS	347 STIRRUP KEY DR.		STREET ADDRESS	13	17 Box	u piters		~		
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 I hereby of indicated 	ertify that the information supplied with this filing doe on this report or supplemental report is true and acc	es not qualify for t urate and that my	the exemption stat y signature shall h	ed in Sec ave the s	ction 119.07(3)(i) ame legal effect), Florida Statutes. I as if made under d	further certify that eath; that I am an	at the in officer o	formation or director	

of the corporation or the receives of 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:

Principal Place of Business

347 STIRRUP KEY BLVD.

MARATHON FL 33050