

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750586

1. Entity Name

MIDDLE KEYS CONCERT ASSOCIATION, INC.

Principal Place of Business

SAN PABLO CATHOLIC CHURCH
550 122ND ST OCEAN
MARATHON FL 33050

Mailing Address

PO BOX 522636
MARATHON SHORES FL 33052

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVENS, RONALD L
220 15TH CIRCLE
PO BOX 511116
KEY COLONY BEACH FL 33051

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 ☐ Delete
NAME WEIL, BARBARA
STREET ADDRESS PO BOX 510069
CITY-ST-ZIP KEY COLONY BCH FL 33051

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

TITLE VPD ☐ Delete
NAME SCHNEIDER, PHILIP
STREET ADDRESS 1217 SOMBRERO BLVD
CITY-ST-ZIP MARATHON FL 33050

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

TITLE SD ☐ Delete
NAME INGHAM, JOANN
STREET ADDRESS 6805 OCEANVIEW HWY
CITY-ST-ZIP MARATHON FL 33050

TITLE TD ☒ Change ☐ Addition
NAME 6803 Overseas Highway
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME STEVENS, RONALD
STREET ADDRESS PO BOX 511116
CITY-ST-ZIP KEY COLONY BEACH FL 33051

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature of JoAnn Ingham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 (305) 743-5454
Date Daytime Phone #

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90073 008 ****61.25

813940



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1971392
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/01)