

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90014 027 \*\*\*\*70.00

**DOCUMENT # 761713**

1. Entity Name  
**BIG BROTHERS AND BIG SISTERS OF MONROE COUNTY, I**

Principal Place of Business Mailing Address  
**1400 UNITED ST** **P. O. BOX 505**  
**STE 402** **KEY WEST FL 33041-0505**  
**KEY WEST FL 33040** **US**  
**US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2189811** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MORREALE, BARBARA**  
**1222 FLORIDA ST. REAR**  
**KEY WEST FL 33040**

7. Name and Address of New Registered Agent  
 Name **CARMEN TURNER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**800 EMMA ST. #424**  
 City **KEY WEST** FL Zip Code **33040**

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 *Carmen Turner* **CARMEN TURNER, ED** DATE **1-26-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HORAN, ESQ. E</b> <b>608 WHITEHEAD ST</b> <b>KEY WEST FL 33040</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DT</b> <b>CATALFOMO, ANTHONY</b> <b>506 LOUISA ST</b> <b>KEY WEST FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>PD</b> <b>CURRIE, ELIZABETH</b> <b>88 KEY HAVEN ROAD</b> <b>KEY WEST FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP</b> <b>LUDWIG, THERESA</b> <b>1523 LAIRD ST</b> <b>KEY WEST FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>ED</b> <b>MORREALE, BARBARA</b> <b>313 CATHERINE ST. #5</b> <b>KEY WEST FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>S</b> <b>LANCE, JOSEPH</b> <b>3101 RIVIERA DR APT P</b> <b>KEY WEST FL 33040</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RICE, CONNIE</b> <b>1700 N. ROOSEVELT BLVD</b> <b>KEY WEST, FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VPRES.</b> <b>JAMES MALLOCH</b> <b>3320 EAGLE AVE</b> <b>KEY WEST, FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S</b> <b>BETH BARNES</b> <b>313 CATHERINE ST #5</b> <b>KEY WEST, FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ED</b> <b>CARMEN TURNER</b> <b>800 EMMA ST. #424</b> <b>KEY WEST, FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>LUDWIG, THERESA</b> <b>1523 LAIRD ST.</b> <b>KEY WEST, FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carmen Turner* **CARMEN TURNER** DATE **1-26-00** DAYTIME PHONE # **305-294-9891**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)