

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761713

1. Entity Name

BIG BROTHERS AND BIG SISTERS OF MONROE COUNTY, I

FILED

Feb 04, 2000 8:00 am
Secretary of State

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

Principal Place of Business

Mailing Address

1400 UNITED ST
STE 402
KEY WEST FL 33040
US

P. O. BOX 505
KEY WEST FL 33041-0505
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2189811

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORREALE, BARBARA
1222 FLORIDA ST. REAR
KEY WEST FL 33040

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

1-26-00

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

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

Daytime Phone #

1-26-00 305-294-9891

CR2E037 (9/99)