

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768160

1. Entity Name

TENNESSEE WILLIAMS FINE ARTS CENTER FOUNDERS' SO

Principal Place of Business

5901 W. JR. COLLEGE RD
KEY WEST FL 33040

Mailing Address

P O BOX 5137
KEY WEST FL 33045-5137
US

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

59-2346182

Applied For

Not Applicable

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

WEACHTER, JOHN R
330 WHITEHEAD ST
KEY WEST FL 33040

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	1VP	<input checked="" type="checkbox"/> Delete
NAME	HOUTZ, KATHY	
STREET ADDRESS	15 BOUGAINVILLE AVENUE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHELBY, KERRY G	
STREET ADDRESS	1611 VON PHISTER ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WORKS, KIM	
STREET ADDRESS	820 LOGGERHEAD DR	
CITY-ST-ZIP	SUMMERLAND FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEACHTER, JOHN R.	
STREET ADDRESS	330 WHITEHEAD ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	EMMONS, ROGER	
STREET ADDRESS	906 GRINNELL STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MATTHEW, HELMERICH	
STREET ADDRESS	1218 VARELA ST	
CITY-ST-ZIP	KEY WEST FL	

TITLE	1ST VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard Wolman	
STREET ADDRESS	1509 17th St	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	ASST. TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERRY SHELBY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis May	
STREET ADDRESS	1800 ATLANTIC BLVD	
CITY-ST-ZIP	KW 33040	
TITLE	AND VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIA Peters	
STREET ADDRESS	3434 Riviera Dr.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER EMMONS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEA.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meryle Silver	
STREET ADDRESS	1415 Thompson St	
CITY-ST-ZIP	KEY WEST, FL 33040	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

305-295-7501

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90141 040 ****61.25