

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 05, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90180 001 \*\*\*\*61.25

**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 33045-137  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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 "Nikki" McCausland  
 Street Address (P.O. Box Number is Not Acceptable)  
 521 Grinnell Street  
 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

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

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | 1VP                 | <input type="checkbox"/> Delete            |
| NAME           | WOLMAN, HOWARD      |  |
| STREET ADDRESS | 1509 17TH ST        |  |
| CITY-ST-ZIP    | KEY WEST FL 33040   |  |
| TITLE          | AT                  | <input checked="" type="checkbox"/> Delete |
| NAME           | SHELBY, KERRY G     |  |
| STREET ADDRESS | 1611 VON PHISTER ST |  |
| CITY-ST-ZIP    | KEY WEST FL         |  |
| TITLE          | VD                  | <input type="checkbox"/> Delete            |
| NAME           | MAY, PHYLLIS        |  |
| STREET ADDRESS | 1800 ATLANTIC BLVD  |  |
| CITY-ST-ZIP    | KEY WEST FL 33040   |  |
| TITLE          | TD                  | <input type="checkbox"/> Delete            |
| NAME           | PETERS, MARCIA      |  |
| STREET ADDRESS | 3434 RIVERIA DR.    |  |
| CITY-ST-ZIP    | KEY WEST FL 33040   |  |
| TITLE          | T                   | <input type="checkbox"/> Delete            |
| NAME           | EMMONS, ROGER       |  |
| STREET ADDRESS | 906 GRINNELL STREET |  |
| CITY-ST-ZIP    | KEY WEST FL         |  |
| TITLE          | SD                  | <input type="checkbox"/> Delete            |
| NAME           | SILVER, MERYLE      |  |
| STREET ADDRESS | 1415 THOMPSON ST.   |  |
| CITY-ST-ZIP    | KEY WEST FL 33040   |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | Recording Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GEORGIA PARKS       |  |
| STREET ADDRESS | 7 Allamanda Terrace |  |
| CITY-ST-ZIP    | Key West, FL 33040  |  |
| TITLE          | Assistant Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Nikki McCausland    |  |
| STREET ADDRESS | 521 Grinnell St     |  |
| CITY-ST-ZIP    | Key West, FL 33040  |  |
| TITLE          | CEO                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Vicki Grant         |  |
| STREET ADDRESS | 78 Key Haven Rd     |  |
| CITY-ST-ZIP    | Key West, FL 33040  |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Vicki Grant*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/01 305-296-9081  
 Daytime Phone # K 381

CR2037 (10/00)