

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90364 031 ****61.25

DOCUMENT # 768160

1. Entity Name

TENNESSEE WILLIAMS FINE ARTS CENTER FOUNDERS' SOCIETY, INC.

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

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

**MCCAUSLAND, KEITH NIKKI
 521 GRINNELL 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** ☐ Delete
 NAME **WOLMAN, HOWARD**
 STREET ADDRESS **1509 17TH ST**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **KEITH NIKKI McCausland**
 STREET ADDRESS **521 Grinnell St**
 CITY-ST-ZIP **Key West, FL 33040**

TITLE **RS** ☐ Delete
 NAME **PARKS, GEORGIA**
 STREET ADDRESS **7 ALLAMANDA TERRACE**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **2ND VP** ☐ Change ☒ Addition
 NAME **Joan McGillis**
 STREET ADDRESS **212 Fleming St**
 CITY-ST-ZIP **Key West, FL 33040**

TITLE **VD** ☒ Delete
 NAME **MAY, PHYLLIS**
 STREET ADDRESS **1800 ATLANTIC BLVD**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Karen Thurman**
 STREET ADDRESS **3990 S. Roosevelt Blvd**
 CITY-ST-ZIP **Key West, FL 33040**

TITLE **TD** ☒ Delete
 NAME **PETERS, MARCIA**
 STREET ADDRESS **3434 RIVERIA DR.**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **Asst. Treasurer** ☐ Change ☒ Addition
 NAME **Vincent 2. to**
 STREET ADDRESS **413-B Emma St.**
 CITY-ST-ZIP **Key West, FL 33040**

TITLE **T** ☒ Delete
 NAME **EMMONS, ROGER**
 STREET ADDRESS **906 GRINNELL STREET**
 CITY-ST-ZIP **KEY WEST FL**

TITLE **CEO/DIRECTOR** ☐ Change ☒ Addition
 NAME **Vicki Grant**
 STREET ADDRESS **626 Grinnell St**
 CITY-ST-ZIP **Key West, FL 33040**

TITLE **SD** ☒ Delete
 NAME **SILVER, MERYLE**
 STREET ADDRESS **1415 THOMPSON ST.**
 CITY-ST-ZIP **KEY WEST FL 33040**

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:

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

Date

Daytime Phone # **305-296-9081**

CR2E037 (9/01)