

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90128 034 ****61.25

DOCUMENT # 769406

1. Entity Name
CEDAR KEY AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business 480 2ND ST CEDAR KEY FL 32625 US	Mailing Address POB 610 CEDAR KEY FL 32625 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2385849	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HELLERMANN, D
 POB 117
 598 2ND ST
 CEDAR KEY FL 32625**

7. Name and Address of New Registered Agent
 Name **Janet Blackwell**
 Street Address (P.O. Box Number is Not Acceptable)
12451 SW 78th Lane
 City **Cedar Key** **FL** Zip Code **32625**

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 *Janet Blackwell* **Janet Blackwell, Treasurer** **2/23/01**
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 NAME STREET ADDRESS CITY-ST-ZIP	S CARVER, KATHY 12685 STATE RD 24 CEDAR KEY FL 32625 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HELLERMANN, D POB 117 CEDAR KEY FL 32625 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEFANI, PETER 303 EAST 2ND ST CEDAR KEY FL 32625 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COUSINS, TONY 373 2ND ST CEDAR KEY FL 32625 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAMI, RUSSEL 1506 BAY ST. CEDAR KEY FL 32625 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, PAUL 509 3RD ST CEDAR KEY FL 32625 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T Janet Blackwell 12451 SW 78th Lane Cedar Key, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Paul Oliver 509 Third Street Cedar Key, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V Peter Stefani 303 East 2nd St Cedar Key, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Doris Hellermann 598 Second Street Cedar Key, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Joni Ellis 3449 NW 13th Ave Gainesville, FL 32605

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: *Janet Blackwell* **Janet Blackwell** **2/23/01** **(352) 543-6801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)