

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90059 025 ****61.25

0066074

DOCUMENT # 769406

1. Entity Name

CEDAR KEY AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

**480 2ND ST
 CEDAR KEY FL 32625
 US**

**POB 610
 CEDAR KEY FL 32625
 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

59-2385849

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLACKWELL, JANET
 12451 SW 78TH LANE
 CEDAR KEY FL 32625**

7. Name and Address of New Registered Agent

Name **Janet Blackwell**
 Street Address (P.O. Box Number is Not Acceptable)
7850 SW 124th Terr
 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

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 | S | <input type="checkbox"/> Delete |
| NAME | CARVER, KATHY | |
| STREET ADDRESS | 12685 STATE RD 24 | |
| CITY-ST-ZIP | CEDAR KEY FL 32625 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BLACKWELL, JANET | |
| STREET ADDRESS | 12451 SW 78TH LANE | |
| CITY-ST-ZIP | CEDAR KEY FL 32625 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | OLIVER, PAUL | |
| STREET ADDRESS | 509 THIRD STREET | |
| CITY-ST-ZIP | CEDAR KEY FL 32625 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | STEFANI, PETER | |
| STREET ADDRESS | 303 EAST 2ND STREET | |
| CITY-ST-ZIP | CEDAR KEY FL 32625 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HELLERMANN, DORIS | |
| STREET ADDRESS | 598 SECOND STREET | |
| CITY-ST-ZIP | CEDAR KEY FL 32625 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ELLIS, JONI | |
| STREET ADDRESS | 3449 NW 13TH AVENUE | |
| CITY-ST-ZIP | GAINESVILLE FL 32605 | |

| | | |
|----------------|---|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Paul Oliver | |
| STREET ADDRESS | 509 Third St. | |
| CITY-ST-ZIP | Cedar Key, FL 32625 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Oliver Bauer | |
| STREET ADDRESS | 12451 Gulf Blvd. | |
| CITY-ST-ZIP | Cedar Key, FL 32625 | |
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Joni Ellis | |
| STREET ADDRESS | P.O. Box 12372/3449 N.W. 13th Ave. | |
| CITY-ST-ZIP | Gainesville, FL 32605 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Janet Blackwell | |
| STREET ADDRESS | 7850 SW 124th Terr. | |
| CITY-ST-ZIP | Cedar Key, FL 32625 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mike Raftis | |
| STREET ADDRESS | 1018 Whiddon Ave | |
| CITY-ST-ZIP | Cedar Key, FL 32625 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bill Stewart | |
| STREET ADDRESS | P.O. Box 460/373 2nd St. | |
| CITY-ST-ZIP | Cedar Key, FL 32625 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02 352-543-6801
 Date Daytime Phone #

CR2E037 (9/01)