

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-13-2002 90059 025 \*\*\*\*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**

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**

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 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

TITLE **S** ☐ Delete  
 NAME **CARVER, KATHY**  
 STREET ADDRESS **12685 STATE RD 24**  
 CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **T** ☐ Delete  
 NAME **BLACKWELL, JANET**  
 STREET ADDRESS **12451 SW 78TH LANE**  
 CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **P** ☒ Delete  
 NAME **OLIVER, PAUL**  
 STREET ADDRESS **509 THIRD STREET**  
 CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **V** ☐ Delete  
 NAME **STEFANI, PETER**  
 STREET ADDRESS **303 EAST 2ND STREET**  
 CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **D** ☐ Delete  
 NAME **HELLERMANN, DORIS**  
 STREET ADDRESS **598 SECOND STREET**  
 CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **D** ☒ Delete  
 NAME **ELLIS, JONI**  
 STREET ADDRESS **3449 NW 13TH AVENUE**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
 NAME **Paul Oliver**  
 STREET ADDRESS **509 Third St.**  
 CITY-ST-ZIP **Cedar Key, FL 32625**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Oliver Bauer**  
 STREET ADDRESS **12451 Gulf Blvd.**  
 CITY-ST-ZIP **Cedar Key, FL 32625**

TITLE **P** ☐ Change ☒ Addition  
 NAME **Joni Ellis**  
 STREET ADDRESS **P.O. Box 12372/3449 N.W. 13th Ave.**  
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **T** ☒ Change ☐ Addition  
 NAME **Janet Blackwell**  
 STREET ADDRESS **7850 SW 124th Terr.**  
 CITY-ST-ZIP **Cedar Key, FL 32625**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Mike Raftis**  
 STREET ADDRESS **1018 Whiddon Ave**  
 CITY-ST-ZIP **Cedar Key, FL 32625**

TITLE **D** ☐ Change ☒ 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 #

0065074

CR2E037 (9/01)