

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90069 008 ****61.25

0070676

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLACKWELL, JANET
7850 SW 124TH TERR
CEDAR KEY FL 32625**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	S CARVER, KATHY	<input type="checkbox"/> Delete
STREET ADDRESS	12885 STATE RD 24	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE NAME	T BLACKWELL, JANET	<input type="checkbox"/> Delete
STREET ADDRESS	12451 SW 78TH LANE	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE NAME	P ELLIS, JONI	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 12372 3449 NW 13TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE NAME	V BLACKWELL, JANET	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7850 SW 124TH STREET	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE NAME	D HELLERMANN, DORIS	<input type="checkbox"/> Delete
STREET ADDRESS	598 SECOND STREET	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE NAME	D STEWART, BILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 460 373 2ND ST	
CITY-ST-ZIP	CEDAR KEY FL 32625	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	V OLIVER BAUER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12451 GULF BLVD	
CITY-ST-ZIP	CEDAR KEY, FL 32625	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D DOTTIE GRIX	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	490 DOCK 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)(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** 2/26/03 352-543-5860

CR2E037 (10/02)