

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769413

1. Entity Name

KEY WEST CHAPTER OF THE SOCIETY FOR THE PRESERVA

Principal Place of Business

Mailing Address

ESERVATION & ENCOURGEMENT OF BARBERSHOP  
% 1509 PATRICIA STREET  
KEY WEST FL 33040

ESERVATION & ENCOURGEMENT OF BARBERSHOP  
% 1509 PATRICIA STREET  
KEY WEST FL 33040

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

59-2352331

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

READ, E. NELSON  
1509 PATRICIA STREET  
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 DV ☐ Delete  
NAME ROWE, ROBERT  
STREET ADDRESS 15 LUNA LANE  
CITY-ST-ZIP KEY WEST FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME READ, E. NELSON  
STREET ADDRESS 1509 PATRICIA STREET  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☒ Delete  
NAME BEATTIE, CHRISTOPHER  
STREET ADDRESS 1209 VIRGINIA ST, APT 6  
CITY-ST-ZIP KEY WEST FL

TITLE DT ☒ Change ☐ Addition  
NAME DRINKWATER, ARTHUR  
STREET ADDRESS 95 BAY DRIVE  
CITY-ST-ZIP KEY WEST, FL 33040-6114

TITLE DP ☒ Delete  
NAME KAMPER, CHARLES J  
STREET ADDRESS 3362 FLAGLER AVE  
CITY-ST-ZIP KEY WEST, FL 00000 33040

TITLE DP ☒ Change ☐ Addition  
NAME WILLIAMS, JAMES  
STREET ADDRESS 2209 HARRIS AVE.  
CITY-ST-ZIP KEY WEST, FL 33040-3829

TITLE DV ☐ Delete  
NAME ELLIOTT, ROBERT  
STREET ADDRESS 2601 S ROOSEVELT BLVD  
CITY-ST-ZIP KEY WEST FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME KREH, HENRY  
STREET ADDRESS 108 SUNSET DR  
CITY-ST-ZIP MARATHON FL

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:

E. NELSON READ

1-10-00

305-284-2648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90146 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)