


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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90106 040 ****61.25

DOCUMENT # 769413					
1. Entity Name KEY WEST CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBERSHOP QUARTET SINGERS					
Principal Place of Business PRESERVATION & ENCOURAGEMENT OF BARBERSHOP % 1509 PATRICIA STREET KEY WEST FL 33040			Mailing Address PRESERVATION & ENCOURAGEMENT 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				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROWE, ROBERT		NAME		
STREET ADDRESS	15 LUNA LANE		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	READ, E. NELSON		NAME		
STREET ADDRESS	1509 PATRICIA STREET		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRINKWATER, ARTHUR		NAME		
STREET ADDRESS	95 BAY DR		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040-6114		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIELE, JOHN		NAME		
STREET ADDRESS	21068 4TH AVE		STREET ADDRESS		
CITY-ST-ZIP	CUDJOE KEY FL 33042-4033		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KREH, HENRY		NAME		
STREET ADDRESS	108 SUNSET DR		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (10/02)

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* **E. NELSON READ** **1-20-03** **305294-2648**