

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10007

1. Entity Name

SAINT PAUL'S PROTESTANT EPISCOPAL CHURCH OF KEY

FILED

Feb 14, 2000 8:00 am  
Secretary of State

02-14-2000 90049 023 \*\*\*\*70.00

Principal Place of Business

401 DUVAL ST.  
KEY WEST FL 33040

Mailing Address

C/O HARRY F KNIGHT  
1016 FLAGLER AVE.  
KEY WEST FL 33040-4816  
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

59-2368463

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

KNIGHT, HARRY F.  
1016 FLAGLER AVENUE  
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

02-03-00

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          | D                      | <input type="checkbox"/> Delete |
| NAME           | ACEVEDO, RANDY         |                                 |
| STREET ADDRESS | 1115 17TH TERR         |                                 |
| CITY-ST-ZIP    | KEY WEST FL 33040      |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | CHIROFF, DAVID         |                                 |
| STREET ADDRESS | 1514 PATRICIA ST       |                                 |
| CITY-ST-ZIP    | KEY WEST FL 33040      |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | WALKER, DOUG           |                                 |
| STREET ADDRESS | 401 DUVAL ST           |                                 |
| CITY-ST-ZIP    | KEY WEST FL            |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | GRANIELA, KEVIN        |                                 |
| STREET ADDRESS | 3930 S. ROOSEVELT BLVD |                                 |
| CITY-ST-ZIP    | KEY WEST FL 33040      |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | CURRY, DONALD          |                                 |
| STREET ADDRESS | 2210 PATTERSON AVE     |                                 |
| CITY-ST-ZIP    | KEY WEST FL 33040      |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | DAVIES, ADRIAN         |                                 |
| STREET ADDRESS | 1403 TRUMAN AVE        |                                 |
| CITY-ST-ZIP    | KEY WEST FL 33040      |                                 |

|                |                    |                                                                              |
|----------------|--------------------|------------------------------------------------------------------------------|
| TITLE          | D                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JIM RICHARDSON     |                                                                              |
| STREET ADDRESS | 1402 SOUTH ST.     |                                                                              |
| CITY-ST-ZIP    | KEY WEST, FL 33040 |                                                                              |
| TITLE          | D                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SARAH FOWLER       |                                                                              |
| STREET ADDRESS | 1201 WHITEHEAD ST. |                                                                              |
| CITY-ST-ZIP    | KEY WEST, FL 33040 |                                                                              |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |                                                                              |
| STREET ADDRESS |                    |                                                                              |
| CITY-ST-ZIP    |                    |                                                                              |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |                                                                              |
| STREET ADDRESS |                    |                                                                              |
| CITY-ST-ZIP    |                    |                                                                              |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-03-00

305-  
294-4776

CR2E037 (9/99)