

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002581

1. Entity Name

OLD KEY STONE CHURCH, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90384 041 \*\*\*150.00

Principal Place of Business

OLD KEYSTONE CHURCH INC.  
330 JULIA STREET  
KEY WEST FL 33040  
US

Mailing Address

OLD KEYSTONE CHURCH INC.  
330 JULIA STREET  
KEY WEST FL 33040  
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 61-1238107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIS, TERESA A  
330 JULIA STREET  
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name Anthony J. Catalfomo

Street Address (P.O. Box Number is Not Acceptable)

C/O Catalfomo & Farrelly

506 Louisa Street

City

Key West

Zip Code

33040

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 *Anthony J. Catalfomo*  
Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent's signature required when reinstating)

Anthony J. Catalfomo

Jan. 28, 2001

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	WILLIS, TERRY	
STREET ADDRESS	148 RIDGEWOOD DRIVE	
CITY-STATE-ZIP	BOWLING GREEN KY	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIS, TERESA A	
STREET ADDRESS	330 JULIA STREET	
CITY-STATE-ZIP	KEY WEST FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, ERIC	
STREET ADDRESS	330 JULIA STREET	
CITY-STATE-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)