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

FILED
May 27, 2003 8:00 am
Secretary of State
04-28-2003 90448 036 ****61.25

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DOCUMENT # N00000000111

1. Entity Name
THE KEY WEST POPS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6206 KEY WEST FL 33041	P.O. BOX 6206 KEY WEST FL 33041

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
916 VIRGINIA	P.O. BOX 6206
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY WEST	City & State: KEY WEST
Zip: 33040 Country	Zip: 33041 Country

4. FEI Number 65-1060786 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LINDLEY, CRISTINA
2018 HARRIS AVE
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name: LINDLEY, CRISTINA
Street Address (P.O. Box Number is Not Acceptable): 916 VIRGINIA.
City: KEY WEST, FL 33040 FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cristina Lindley 4/7/03.
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 / STREET ADDRESS / CITY-ST-ZIP	D ZITO, VICENT P P.O. BOX 6206 KEY WEST FL 33041	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. GEORGE FERNANDEZ. P.O. BOX 6206. KEY WEST, FL 33041 D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZITO-KAUFMAN, MARIA P.O. BOX 6206 KEY WEST FL 33041	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JOE VIANA P.O. BOX 6206 KEY WEST, FL 33041 D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZITO, PAUL F M.D. P.O. BOX 6206 KEY WEST FL 33041	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRES. ZITO, PAUL MD P.O. BOX 6206 KEY WEST, FL 33041. D	☑ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. SUSAN VITERWYK. P.O. BOX 6206 KEY WEST, FL 33041 D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Cristina Lindley ED 4/7/03 (305) 293-7658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #