

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000377

1. Entity Name

Bahama Village Business Association

Principal Place of Business

1107 Thomas St
Key West, FL 33040

Mailing Address

PO Box 6611
Key West, FL 33041

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO Box 6611

Suite, Apt. #, etc.

City & State

Key West, FL 33041

Zip

33041

Country

USA

4. FEI Number

65-1016676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Albert L. Kelley
926 Truman Ave.
Key West, FL 33040

7. Name and Address of New Registered Agent

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

TITLE P
NAME Veronica Stafford
STREET ADDRESS 1107 Thomas St.
CITY-ST-ZIP Key West, FL 33040 ☐ Delete

TITLE VP
NAME Marcia Somersall
STREET ADDRESS 415 Petronia St.
CITY-ST-ZIP Key West, FL 33040 ☐ Delete

TITLE VP
NAME James Gilleran
STREET ADDRESS 800 Duval St.
CITY-ST-ZIP Key West, FL 33040 ☐ Delete

TITLE S
NAME Omis Avant
STREET ADDRESS 3739 Cindy Ave.
CITY-ST-ZIP Key West, FL 33040 ☐ Delete

TITLE T
NAME Aaron Castillo
STREET ADDRESS 328 Truman Ave.
CITY-ST-ZIP Key West, FL 33040 ☐ Delete

TITLE Director
NAME Rupert Walton
STREET ADDRESS 803 Catherine St.
CITY-ST-ZIP Key West, FL 33040 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director
NAME Joe Schoeder
STREET ADDRESS 1115 Truman Ave.
CITY-ST-ZIP Key West, FL 33040 ☐ Change ☐ Addition

TITLE Assist. Sec.
NAME Ursula Welters-Elliott
STREET ADDRESS 22 Eamas Ln.
CITY-ST-ZIP Key West, FL 33040 ☐ Change ☐ Addition

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

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

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

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

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

04/20/01

Date

305 295-3851

Daytime Phone #

CR2E037 (11/00)