

3/6/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-06-2001 90292 039 ****70.00

DOCUMENT # N00000007514

1. Entity Name

KEY WEST AFRICIANS' MEMORIAL COMMITTEE, INC.

Principal Place of Business

200 GREENE ST.
 KEY WEST FL 33040

Mailing Address

200 GREENE ST.
 KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1084665

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALCOM, COREY
200 GREENE ST.
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

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 ☐ Delete
 NAME **D CONNER, LEEVON**
 STREET ADDRESS **420 COUNTY RD. SI**
 CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE ☐ Delete
 NAME **D SAWYER, NORMA J**
 STREET ADDRESS **325 1/2 JULIA ST.**
 CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE ☐ Delete
 NAME **D JAMESON, NANCY O**
 STREET ADDRESS **1501 OLIVA ST.**
 CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE ☐ Delete
 NAME **D BURNSIDE, MADELEINE**
 STREET ADDRESS **3608 DUCK AVE.**
 CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE ☐ Delete
 NAME **D STOTTS, JEFF**
 STREET ADDRESS **814 WHITEHEAD ST.**
 CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE ☐ Delete
 NAME **D MALCOLM, COREY**
 STREET ADDRESS **1608 DUNCAN ST.**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Change ☐ 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:

MALCOLM, COREY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-01 (305) 294-2633 x22

CR2E037 (10/00)