

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09663

1. Entity Name

KEY WEST EDUCATIONAL BROADCAST FOUNDATION, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90030 048 ****61.25

Principal Place of Business

Mailing Address

1209 UNITED STREET
KEY WEST FL 33040

1209 UNITED STREET
KEY WEST FL 33040-3409

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

65-0004874

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

DE LOACH ERNEST M.
1612 JAMAICA DR.
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 PD ☐ Delete
NAME DE LOACH, ERNEST M.
STREET ADDRESS 1612 JAMAICA DR.
CITY-ST-ZIP KEY WEST FL 33040

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

TITLE T ☒ Delete
NAME NIKERSON, THOM
STREET ADDRESS 19674 INDIAN MOUND RD
CITY-ST-ZIP SUGARLOAF KEY FL 33042

TITLE ☐ Change ☒ Addition
NAME SARA COOK
STREET ADDRESS 3001 RIVIERA DR
CITY-ST-ZIP Key West, FL. 33040

TITLE S ☐ Delete
NAME DELOACH/HARTLE, LAURA
STREET ADDRESS #66 1213 GLYNN ARCHER
CITY-ST-ZIP KEY WEST FL 33040

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

TITLE D ☐ Delete
NAME ARBIE, MELVIN
STREET ADDRESS #47 2315 N ROOSEVELT
CITY-ST-ZIP KEY WEST FL 33040

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST M. DeLoach

4/5/00

Date

305-296-5773

Daytime Phone #

CR2E037 (9/99)