

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0017875

DOCUMENT # N17703

1. Entity Name

NAMI/FLORIDA KEYS, INC.

03-05-2002 90021 004 ****61.25

Principal Place of Business

Mailing Address

**1126 VON PHISTER ST.
 KEY WEST FL 33040
 US**

**1126 VON PHISTER ST.
 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

59-2817825

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

**LISTER, SARA E
 1126 VON PHISTER 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	D	<input type="checkbox"/> Delete
NAME	HARDNER, EMILY	
STREET ADDRESS	1005 EATON ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOSLEY, CONNIE	
STREET ADDRESS	1616 GEORGE ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MELTON, JIM	
STREET ADDRESS	1514 ASHBY ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALTERSON, LECIL	
STREET ADDRESS	3536 NORTH SIDE CT.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	READ, SHERRY	
STREET ADDRESS	1509 PATRICIA STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	RAS	<input type="checkbox"/> Delete
NAME	LISTER, SARA E	
STREET ADDRESS	1126 VON PHISTER ST.	
CITY-ST-ZIP	KEY WEST FL 33040	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perry Franklin	
STREET ADDRESS	1300 Ashby Street	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	V-P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sara Cook	
STREET ADDRESS	3001 Riviera Drive	
CITY-ST-ZIP	Key West, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sara E. Lister* **Sara E. Lister** **Feb. 18, 2002** **305-292-2678**

CR2E037 (9/01)