

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90742 010 ****61.25

DOCUMENT # N17703

1. Entity Name
NAMI/FLORIDA KEYS, INC.



Principal Place of Business
**1126 VON PHISTER ST.
KEY WEST FL 33040
US**

Mailing Address
**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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 | P | <input type="checkbox"/> Delete |
| NAME | FRANKLIN, JERRY | |
| STREET ADDRESS | 1300 ASHBY STREET | |
| CITY-ST-ZIP | KEY WEST FL 33040 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | COOK, SARA | |
| STREET ADDRESS | 3001 RIVIERA DRIVE | |
| 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 | VPS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | B. J. Fuller | |
| STREET ADDRESS | 1432 Kennedy Dr. | |
| 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 | | |
| TITLE | RAT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lister, Sara E. | |
| STREET ADDRESS | 1126 Von Phister St. | |
| CITY-ST-ZIP | Key West FL 33040 | |

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 REQUESTED

March 31, 2003

305-242-2678

CR2E037 (10/02)