

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23840

1. Entity Name

KEYSTONE LAKE REGION BUSINESS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1891  
KEYSTONE HEIGHTS FL 32656

Mailing Address

P.O. BOX 1891  
KEYSTONE HEIGHTS FL 32656

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 59-2872751

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOURCEY, WANDA V  
315 GARDEN ST S.W. P.O. BOX 716  
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name DEBORAH Etheridge  
Street Address (P.O. Box Number is Not Acceptable)  
777 S.E. 50th St.  
City KEYSTONE HEIGHTS FL Zip Code 32656

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.

DEBORAH ETHERIDGE, PRESIDENT

SIGNATURE

Deborah Etheridge President

3/13/01

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 D ☒ Delete  
NAME VAUGHN, WANDA L  
STREET ADDRESS 315 GARDEN ST S.W. PO BOX 716  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE D ☐ Delete  
NAME HULON, BOB  
STREET ADDRESS 5470 CHRISTIAN CAMP RD.  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE D ☒ Delete  
NAME WAGENER, JUDY  
STREET ADDRESS 390 JASMINE SW  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE D ☐ Delete  
NAME WICK, JOHN  
STREET ADDRESS 3051 8 E. SR 21 #8  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME DEBORAH ETHERIDGE  
STREET ADDRESS 777 S.E. 50th St.  
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE D ☐ Change ☒ Addition  
NAME BRIAN WILLIS  
STREET ADDRESS 7996 VIKING ST.  
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

TITLE D ☐ Change ☒ Addition  
NAME TOM EENLON  
STREET ADDRESS 125 SATSUMA ST  
CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656

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

TITLE ☐ Change ☐ Addition  
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:

Deborah Etheridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

(352) 473-4076

Daytime Phone #

FILED  
Mar 15, 2001 8:00 am  
Secretary of State

03-15-2001 90013 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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