

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23840

1. Entity Name

KEYSTONE LAKE REGION BUSINESS ASSOCIATION, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91407 046 ****61.25

0065462

Principal Place of Business

Mailing Address

P.O. BOX 1891
KEYSTONE HEIGHTS FL 32656

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

EMERIDGE, DEBORAH
777 S.E. 50TH ST.
KEYSTONE HEIGHTS FL 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.

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 checked="" type="checkbox"/> Delete
NAME	HULON, BOB	
STREET ADDRESS	5470 CHRISTIAN CAMP RD.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	T	<input type="checkbox"/> Delete
NAME	ENLON, TOM F	
STREET ADDRESS	125 SATSUMA ST.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WICK, JOHN	
STREET ADDRESS	3051 8 E. SR 21 #8	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	P	<input type="checkbox"/> Delete
NAME	ETHERIDGE, DEBORAH	
STREET ADDRESS	777 S.E. 50TH ST.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIS, BRIAN	
STREET ADDRESS	7996 VIKING ST.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAM MIDGETT	
STREET ADDRESS	5516 INDIAN TRAIL	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENLON, THOMAS	
STREET ADDRESS	125 SATSUMA ST.	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHALKER, ADAM	
STREET ADDRESS	501 COLLEY Rd.	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHERIDGE, DEBORAH	
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 info empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02 473-4076

Date

Daytime Phone #

CR2E037 (9/01)