

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90721 008 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ETHERIDGE, DEBORAH
777 S.E. 50TH ST.
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name **ADAM CHALKER**
Street Address (P.O. Box Number is Not Acceptable)
501 COLLEY RD.
City **STARKE** FL Zip Code **32091**

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

President

4/30/03

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

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input 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 | FENLON, THOMAS | |
| STREET ADDRESS | 125 SATSUMA ST. | |
| CITY-ST-ZIP | KEYSTONE HEIGHTS FL 32656 | |
| TITLE | (X) CHALKER, ADAM | <input type="checkbox"/> Delete |
| NAME | 501 COLLEY RD. | |
| STREET ADDRESS | STARKE FL 32091 | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ETHERIDGE, DEBORAH | |
| STREET ADDRESS | 777 S.E. 50TH ST. | |
| CITY-ST-ZIP | KEYSTONE HEIGHTS FL 32656 | |
| TITLE | (X) MIDGETT, SAM | <input type="checkbox"/> Delete |
| NAME | 5516 INDIAN TRAIL | |
| STREET ADDRESS | KEYSTONE HEIGHTS FL 32656 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRAYLYN TANNER-RICE | |
| STREET ADDRESS | 1004 SE COUNTY RD 218 | |
| CITY-ST-ZIP | MELROSE, FL 32666 | |
| TITLE | (P) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELISE MOORE | |
| STREET ADDRESS | 6089 COUNTY RD 352 | |
| CITY-ST-ZIP | KEYSTONE HEIGHTS, FL 32656 | |
| TITLE | (D) | <input checked="" 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:

Signature of Graylyn Tanner-Rice **GRAYLYN TANNER-RICE** *4/30/03* **352-473-4002**

CR2E037 (10/02)