

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90184 013 \*\*\*\*61.25

**DOCUMENT # N26829**

1. Entity Name

**KEY WEST PRESCHOOL CO-OPERATIVE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 4177, N/A  
 KEY WEST FL 33041-4177  
 US

P.O. BOX 4177, N/A  
 KEY WEST FL 33041-4177  
 US

2. Principal Place of Business

**2610 Flagler Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Key West, Florida**

City & State

4. FEI Number

**65-0056669**

Applied For

Not Applicable

Zip

**33040**

Country

**USA**

Zip

Country

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

**HJERPE, KARI**  
**1211 POKKER ST.**  
**KEY WEST FL 33040**

Name

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

**1211 Packer St**

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:**  
**FEES 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	DP	<input type="checkbox"/> Delete
NAME	HJERPE, KARI	
STREET ADDRESS	1211 PACKER STT.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TAMASTA, JUDY	
STREET ADDRESS	17 KEY HAVEN TERRACE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	COWIE, JILL	
STREET ADDRESS	70 BAY DR.	
CITY-ST-ZIP	SUGARLOAF KEY FL 33040	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TRINCHANTO, CHERI	
STREET ADDRESS	20926 8TH AVE. W.	
CITY-ST-ZIP	CUDJOS KEY FL 33042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tomita, Judy	
STREET ADDRESS	17 Key Haven Terrace	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Sonja Tess	
STREET ADDRESS	132 C Perry Court	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nickerson, Jody	
STREET ADDRESS	3711 1/2 Eagle Ave	
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		

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:** *Kari Hjerpe*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-25-2000**

**305-295-9191**

Date

Daytime Phone #

CR2E037 (9/99)