

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
 03-19-2001 90059 027 ****70.00

03-19-2001

DOCUMENT # N33883

1. Entity Name

HISTORIC FLORIDA KEYS FOUNDATION INC.

Principal Place of Business

**510 GREENE ST.
 KEY WEST FL 33040**

Mailing Address

**510 GREENE ST.
 KEY WEST FL 33040**

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 **65-0135871**

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

**LONDON, JACK L
 510 GREENE 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-01

**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 NAME STREET ADDRESS CITY-ST-ZIP	CD TOPPINO, DANIEL P P.O. BOX 787 N/A KEY WEST FL 33040	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENDRICK, MELISSA 200 GREENE ST. KEY WEST FL 33040	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GORDON 1100 TRUMAN AVENUE KEY WEST FL 33040	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, LUCIE F 734 FLEMING STREET KEY WEST FL 33050	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANNON, BERNADETTE 137 FONTAINE DR TAVERNIER FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD TOPPINS, DANIEL P PO BOX 787 N/A KEY WEST FL 33040	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRIAN SCHMITT 11100 OVERSEAS HIGHWAY MARATHON, FL 33050	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSTI MADEO 1605 FLAGLER AVE KEY WEST, FL 33040	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVID RICE 3000 41st St. MARATHON, FL 33050	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOPPINGO	☒ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/2001 305 294 4035

CR2E037 (10/00)