

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34697

1. Entity Name

KEY WEST NEIGHBORHOOD IMPROVEMENT ASSOCIATIONS.



Principal Place of Business

728 EMMA ST.
KEY WEST FL 33040

Mailing Address

728 EMMA ST.
KEY WEST FL 33040

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90002 006 ****70.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0175394

Applied For

Not Applicable

Zip

Country

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

MAJOR, CHARLES
728 EMMA 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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 type="checkbox"/> Delete |
| NAME | MAJOR, CHARLES L, JR. | |
| STREET ADDRESS | 728 EMMA ST. | |
| CITY-ST-ZIP | KEY WEST FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHAW, FRED | |
| STREET ADDRESS | PO BOX 2357 N/A | |
| CITY-ST-ZIP | KEY WEST FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MOODIE, NORMAN | |
| STREET ADDRESS | 1015 THOMAS ST. | |
| CITY-ST-ZIP | KEY WEST FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | EID, STEVE | |
| STREET ADDRESS | 3314 NORTHSIDE DR. | |
| CITY-ST-ZIP | KEY WEST FL | |
| 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 | SAME | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAME | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | CARLISS PARKS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 801 EMMA ST. | |
| STREET ADDRESS | KEY WEST FLA 33040 | |
| CITY-ST-ZIP | | |
| TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PAM LOPEZ | |
| STREET ADDRESS | 801 EMMA ST. | |
| CITY-ST-ZIP | KEY WEST FLA 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/00

Date

Daytime Phone #

CF2E037 (5/00)