

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # N48241****1. Entity Name**
ANNE MCKEE ARTISTS FUND, INC.**Principal Place of Business**
927 SEMINARY STREET
KEY WEST FL 33040 US**Mailing Address**
927 SEMINARY STREET
KEY WEST FL 33040 US**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
65-0385389Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**FRANKE LOUI
927 SEMINARY STREET
KEY WEST FL 33040 USName
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** **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DS	<input type="checkbox"/> Delete
NAME	VIANA JOE	
STREET ADDRESS	1523 WASHINGTON ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GOOD MIRIAM	
STREET ADDRESS	#2 BAT TOWER RD	
CITY-ST-ZIP	SUGARLOAF FL 33044	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TURNER JOHN	
STREET ADDRESS	114 ALLAMANDA	
CITY-ST-ZIP	SUGARLOAF FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALEM JIM	
STREET ADDRESS	38 DOLPHIN ST	
CITY-ST-ZIP	SUGARLOAF FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER ADELINE	
STREET ADDRESS	114 ALLAMANDA	
CITY-ST-ZIP	SUGARLOAF FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FRANKE LOU GDR.	
STREET ADDRESS	927 SEMINARY STREET	
CITY-ST-ZIP	KEY WEST FL	

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		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVENDER THOMAS L	
STREET ADDRESS	3655 SEASIDE DR. # 330	
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)(f), 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:** Thomas L. Lavender DT 04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)