

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N51179**

1. Entity Name

**PIGEON KEY PRESERVATION FOUNDATION, INC.**

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90303 024 \*\*\*\*70.00

Principal Place of Business      Mailing Address  
**MILEMARKER 45. OLD SEVEN MILE BRIDGE**      **PO BOX 500130**  
**MARATHON FL 33050**      **MARATHON FL 33050-0130**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**65-0379803**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WHITNEY, DAVE**  
**MM45 OLD SEVEN MILE BRIDGE**  
**MARATHON FL 33050**

7. Name and Address of New Registered Agent  
 Name **WILJANEN, KATHLEEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**-MM-47- Old Seven Mile Bridge**  
 City **MARATHON**      FL      Zip Code **33050**

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 *Kathleen Wiljanen*      DATE **4-26-00**  
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**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MURRAY, TRUDY 1100 INDIES DR S. DUCK KEY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STUART, ALBERT 227 ANGLERS DR S. #304 MARATHON FL 33050 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAPES, LYNN 57723 MORTON ST MARATHON FL 33050 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED WHITNEY, DAVE MM45 OLD SEVEN MILE BRIDGE MARATHON FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STUART, ALBERT 227 ANGLERS DR S #304 MARATHON, FL 33050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT MAKESPACER, DAVID 83311 OLD HUY ISLAMORADA, FL 33034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TREASURER TAGLIARANI, NICK 32 PARK ROAD ISLAMORADA, FL 33050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY CUSHAK, DOT 55 CORAL HALL MARATHON, FL 33050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec. Director WILJANEN, KATHLEEN 2907 PALMETTO DR. Big Pine Key, FL 33043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> 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: *Kathleen Wiljanen*      Date **4-26-00**      Daytime Phone # **305-289-0025**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)