

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91315 034 \*\*\*\*70.00

**DOCUMENT # N51179**  
 1. Entity Name  
**PIGEON KEY FOUNDATION, INC.**

Principal Place of Business      Mailing Address  
**OLD SEVEN MILE BRIDGE**      **PO BOX 500130**  
**MARATHON FL 33050**      **MARATHON FL 33050**

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  
     



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WILJANEN, KATHLEEN**  
**MM 47 OLD SEVEN MILE BRIDGE**  
**MARATHON FL 33050**

7. Name and Address of New Registered Agent  
 Name **KATHLEEN WILJANEN**  
 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 **5-10-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VPD MAKEPEACE, DAVID 83311 OLD HWY. ISLAMORADA FL 33-0336	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUART, ALBERT 227 ANGLERS DR S. #304 MARATHON FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAGLIARANI, NICK 32 PARK RD. ISLAMORADA FL 33050	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD CUSICK, DOT 55 CORAL LN. MARATHON FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED WILJANEN, KATHLEEN 29007 PALMETTO DR. BIG PINE KEY FL 33043	<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	Sec/Treasurer DONALD WATHNE 57865 MORTON ST. MARATHON, FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: **5-10-01**      **305-289-0025**

CR2E037 (10/00)