2000 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business 260 CYPRESS DR KEY BISCAYNE FL 33149

Mailing Address

260 CYPRESS DR KEY BISCAYNE FL 33149-1208

FILED DOCUMENT # **N94000000342** Mar 02, 2000 8:00 am Secretary of State 03-02-2000 90022 015 ****61.25 1. Entity Name KEY BISCAYNE LIBRARY BEAUTIFICATION FOUNDATION.



Principal P	Pace of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
		City & State		4. FEI Number 65-0488462		<u></u>	oplied For ot Applicable	
Zip	Country	Zip	Cou	ntry	5. Certificate of		\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent			7. Name and A	dress of New Regis	tered Agent	
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DODEDTO	OBERTS, NORMAN T			Street Address (P.O. Box Number is Not Acceptable)				
50 W MAS								
SUITE 2								
	EY BISCAYNE FL 33149			City FL Zip Code				
The above	named entity submits this statement	for the purpose of changing i	its reaistere	d office or regis	tered agent, or both,	in the state of Florida.		
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	Signature, typed or printed name of registered ager	nt and title if applicable. (INC	Jit: Hegistered	Agent signature requ	ired when reinstating)		DAIE	
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	FILE NOW:			00 May Be do Fees Make Check Payable to Department of State)	
	FEE IS \$61.25			_ 7.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Depair	intent of State	
	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHAN	IGES TO OFFICERS A	ND DIRECTORS IN	l 10
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IE	MERRITT, ELLEN		NAME	l				
EET ADDRESS	171 BUTTONWOOD DR			T ADDRESS ST-ZIP				
/-ST-ZIP -	KEY BISCAYNE FL 33149						☐ Change	☐ Addition
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EET ADDRESS	1121 CRANDON BLVD #E-404		STRE					
Y-ST-ZIP	KEY BISCAYNE FL 33149		CITY					
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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: CSISSATUBE BEOCEBEM . SANCHEZ

SIGNATURE AND TYPED OA PRINTED NAME OF SOMING OFFICER OR DIRECTOR