

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000342

1. Entity Name

KEY BISCAYNE LIBRARY BEAUTIFICATION FOUNDATION.

Principal Place of Business

Mailing Address

260 CYPRESS DR
KEY BISCAYNE FL 33149
US

260 CYPRESS DR
KEY BISCAYNE FL 33149-1208
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

65-0488462

Applied For

Not Applicable

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

ROBERTS, NORMAN T
50 W MASHTA DR
SUITE 2
KEY BISCAYNE FL 33149

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

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 | PD | <input type="checkbox"/> Delete |
| NAME | MERRITT, ELLEN | |
| STREET ADDRESS | 171 BUTTONWOOD DR | |
| CITY-ST-ZIP | KEY BISCAYNE FL 33149 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | OWEN, ALISON | |
| STREET ADDRESS | 1121 CRANDON BLVD #E-404 | |
| CITY-ST-ZIP | KEY BISCAYNE FL 33149 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SANCHEZ, CECILE M | |
| STREET ADDRESS | 260 CYPRESS DR | |
| CITY-ST-ZIP | KEY BISCAYNE FL 33149 | |
| 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Cecile M. Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/2000 305-365-9699 #222



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)