

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005227

1. Entity Name

INTERAGENCY COUNCIL, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90091 050 ****61.25

Principal Place of Business

Mailing Address

C/O MARY CASANOVA. LITERACY VOLUNTEERS
917 FRANCIS ST., #2
KEY WEST FL 33040

P O BOX 2224
KEY WEST FL 33045-2224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Nancy Graham
American Red Cross

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3132 Flagler Ave.

City & State

Key West, Florida

Zip

33040

Country

USA

Zip

Country

4. FEI Number

65-0621071

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

GRAHAM, MNANCY K
3132 FLAGLER AVE
KEY WEST FL 33040

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 ☐ Delete
NAME GRAHAM, NANCY
STREET ADDRESS 31321 FLAGLER AVE
CITY-ST-ZIP KEY WEST FL 33040

TITLE PD ☒ Change ☐ Addition
NAME *Graham, Nancy*
STREET ADDRESS *3132 Flagler Ave.*
CITY-ST-ZIP *Key West, FL 33040*

TITLE VD ☐ Delete
NAME PETERS, MARCIA
STREET ADDRESS 3434 RIVERA DRIVE
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME SKJOLD, SUZANNE
STREET ADDRESS 1400 B UNITED ST
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME LOUDENSLAGER, ROBERTA
STREET ADDRESS P.O. BOX 421003, N/A
CITY-ST-ZIP SUMMERLAND KEY FL 33042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Roberta Loudenslager*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00 *872-4456*
Date Daytime Phone #

CR2E037 (9/99)