

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90200 050 ****61.25

DOCUMENT # N95000005401

1. Entity Name

BAHAMA CONCH COMMUNITY LAND TRUST OF KEY WEST, I NC.

Principal Place of Business

Mailing Address

**325 JULIA STREET
KEY WEST FL 33040**

**325 JULIA STREET
KEY WEST FL 33040**

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

65-0681293

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

**SAWYER, NORMA JEAN
325 1/2 JULIA STREET
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
NAME

**P
MILLER, BRENDA J
750 AVENUE "F"
BIG COPPITT KEY FL 33040**

☒ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**President
Bender, Bert
410 Angela Street
Key West, FL 33040**

☒ Change

☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**VP
GALLAGHER, ETHEL
412 TRUMAN AVENUE
KEY WEST FL 33040**

☒ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**Vice President
Donald Carey
419 Virginia Street
Key West, FL 33040**

☒ Change

☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**S
CABANAS, KAREN
317 WHITEHEAD STREET
KEY WEST FL 33040**

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**Treasurer
James Marquardt
204 Olivia Street
Key West, FL 33040**

☐ Change

☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**T
MCMILLAN, KAY
1001 VON PHISTER STREET
KEY WEST FL 33040**

☒ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**Board Director
Sullins Stuart
907 Center Street
Key West, FL 33040**

☒ Change

☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**BD
CAREY, DONALD
419 VIRGINIA STREET
KEY WEST FL 33040**

☒ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**Board Director
Jane Pritchett
638 William Street
Key West, FL 33040**

☐ Change

☒ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**BD
BENDER, BERT
410 ANGELA STREET
KEY WEST FL 33040**

☒ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**Board Director
Jane Pritchett
638 William Street
Key West, FL 33040**

☐ Change

☒ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Secretary 1/10/02 305-2965676

CR2E037 (9/01)