FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2001 8:00 am Secretary of State DOCUMENT # N9600004885 1. Entity Name ARC OF THE KEYS, INC. 02-27-2001 90319 015 ****61.25 Mailing Address Principal Place of Business 92330 OVERSEAS HWY 92330 OVERSEAS HWY TAVERNIER FL 33070 TAVERNIER FL 33070 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0700904 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COOLEY, JUDITH A 92330 OVERSEAS HWY Zip Code City FL **TAVERNIER FL 33070** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW: \$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **Addition** Change Delete TITLE TITLE DAWN BRESNAK COHAN, ANNE NAME NAME 101 BUENA VISTA ICT. 109 SEASHORE DRIVE STREET ADDRESS STREET ADDRESS <u>, Fl</u>. 33036 CITY-ST-ZIP ISLAMORADA FL 33036 CITY-ST-ZIP Islamorada ☐ Change ☐ Addition TD ☐ Delete TITLE TITLE BARRON, JEFF NAME NAME STREET ADDRESS 117 GARDEN ST. STREET ADDRESS TAVERNIER FL 33070 C!TY-ST-ZIP_ CITY-ST-ZIP VPD ☐ Change Addition Addition VPD Delete Delete TITLE TITLE BARBARA EDGAR COOLEY, STUART NAME NAME 306 N. DR STREET ADDRESS 92330 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP 33036 ISLAMORACA CITY-ST-ZIP **TAVERNIER FL 33070** Change **★** Addition Delete TITLE TITLE Heather Humphrey PARKER, SUSAN NAME NAME 120 Ralmetto Avd. P.O. BOX 624 STREET ADDRESS STREET ADDRESS Tavernier, FI 33070 CITY-ST-ZIP **TAVERNIER FL 33070** CITY-ST-ZIP ☐ Change ★ Addition **Delete** TITLE TITLE Susain Butner DODSON, PATRICIA L NAME NAME 202 Johnny Rd STREET ADDRESS PO BOX 120 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL 33036 Taverniet Fl ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: MIGHATURE DATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DATE DATE PROPER PROPERTY P

changed, or on an attachment with an address, with all other like empowered.