

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000083

1. Entity Name

TAXPAYERS FOR THE ELECTRIFICATION OF NO NAME KEY

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90016 006 ****61.25

Principal Place of Business Mailing Address
32723 TORTUGA LANE 32723 TORTUGA LANE
NO NAME KEY FL 33040 NO NAME KEY FL 33043-5201
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Zip
Country Country

33043 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0604079
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GREENMAN, FRANKLIN D P.A.
5800 OVERSEAS OVERSEAS HIGHWAY
SUITE 40
MARATHON FL 33050

7. Name and Address of New Registered Agent
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
TITLE D ☐ Delete
NAME SICZEK, ADLONA
STREET ADDRESS 1252 CHINOCK WAY
CITY-ST-ZIP BOULDER CO 80303
TITLE D ☐ Delete
NAME KAMM, ROGER
STREET ADDRESS 826 SUFFOLK AVE.
CITY-ST-ZIP BRENTWOOD NY 11717
TITLE D ☐ Delete
NAME DAMON, BARBARA
STREET ADDRESS 32723 TORTUGA LANE
CITY-ST-ZIP NO NAME KEY FL 33043
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
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: Barbara Damon REGU BARBARA DAMON 4/3/00 305-872-3306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)