

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90088 031 \*\*\*\*61.25

**DOCUMENT # N97000000091**

1. Entity Name

**FLORIDA KEYS ART GUILD, INC.**

Principal Place of Business

Mailing Address

275 51ST STREET, OCEAN  
 MARATHON FL 33050

POST OFFICE BOX 501382  
 MARATHON FL 33050

062920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0721573**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GREENMAN, FRANKLIN D**  
**5800 OVERSEAS HIGHWAY STE 40**  
**MARATHON FL 33050**

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	D	<input type="checkbox"/> Delete
NAME	HEWLETT, MIKE	
STREET ADDRESS	P.O. BOX 162	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HEWLETT, GAYLE	
STREET ADDRESS	P.O. BOX 162	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MERLE, WAGNER	
STREET ADDRESS	112 MOCKING BIRD LANE	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COOTE, PRISCILLA	
STREET ADDRESS	433 BARRY AVENUE	
CITY-ST-ZIP	LITTLE TORCH KEY FL 30042	
TITLE	T	<input type="checkbox"/> Delete
NAME	GINESI, JOYCE	
STREET ADDRESS	485 111TH ST.	
CITY-ST-ZIP	MARATHON FL 33050	
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
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
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

305 743-7577

Daytime Phone #

CR2E037 (9/01)