

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90189 037 ****61.25

DOCUMENT # N97000000091

1. Entity Name
FLORIDA KEYS ART GUILD, INC.



Principal Place of Business
275 51ST STREET, OCEAN
MARATHON FL 33050

Mailing Address
POST OFFICE BOX 501382
MARATHON FL 33050

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 65-0721573

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D HEWLETT, MIKE**
STREET ADDRESS **P.O. BOX 162**
CITY-ST-ZIP **MARATHON FL 33050**

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

TITLE ☐ Delete
NAME **DS HEWLETT, GAYLE**
STREET ADDRESS **P.O. BOX 162**
CITY-ST-ZIP **MARATHON FL 33050**

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

TITLE ☐ Delete
NAME **DS MERLE, WAGNER**
STREET ADDRESS **112 MOCKING BIRD LANE**
CITY-ST-ZIP **MARATHON FL 33050**

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

TITLE ☒ Delete
NAME **VP COOTE, PRISCILLA**
STREET ADDRESS **433 BARRY AVENUE**
CITY-ST-ZIP **LITTLE TORCH KEY FL 30042**

TITLE ☒ Change ☐ Addition
NAME **VP WALTER R. FERRIS**
STREET ADDRESS **68 TINGLER LANE**
CITY-ST-ZIP **MARATHON, FL 33050**

TITLE ☒ Delete
NAME **T GINESI, JOYCE**
STREET ADDRESS **485 111TH ST.**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☒ Change ☐ Addition
NAME **T DIANE DORAN**
STREET ADDRESS **102 11TH ST #33**
CITY-ST-ZIP **MARATHON, FL 33050**

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:

Diene Doran (Diene Doran) (Treasurer)

12-03

305-743-6148

CR2E037 (10/02)