

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001573

1. Entity Name

UPPER KEYS VOLUNTEER SEARCH & RESCUE, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90115 007 ****70.00

Principal Place of Business

Mailing Address

1005 HIALEAH LANE
KEY LARGO FL 33037

1005 HIALEAH LANE
KEY LARGO FL 33037-2809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0821386

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

DEBERNARDIS, DAVID
1005 HIALEAH LANE
KEY LARGO FL 33037

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 De Bernardis David De Bernardis, David
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/2000
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	PT	<input checked="" type="checkbox"/> Delete
NAME	GUSTAFSON, JOHN	
STREET ADDRESS	PO BOX 137	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, TOM	
STREET ADDRESS	910 TROPICAL LN	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	AD	<input type="checkbox"/> Delete
NAME	BERNARD, THEON D	
STREET ADDRESS	1005 HIALEAH LN	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT Director PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meade Kerry	
STREET ADDRESS	184 Bahama Ave	
CITY-ST-ZIP	Key Largo, Fla. 33037	
TITLE	VT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, Tom	
STREET ADDRESS	910 Tropical Ln.	
CITY-ST-ZIP	Key Largo, Fla. 33037	
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: De Bernardis David De Bernardis, David 1-24-2000 305-451-3387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)