

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90010 011 \*\*\*\*61.25

**DOCUMENT # N98000006684**

1. Entity Name  
**FLORIDA KEYS BIRDING AND WILDLIFE FESTIVAL, INC.**

Principal Place of Business Mailing Address  
 P.O. BOX 431411 P.O. BOX 431411  
 BIG PINE KEY FL 33043-1411 BIG PINE KEY FL 33043-1411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**National Key Deer Refuge** **Same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Big Pine Key FL**  
 Zip Country Zip Country  
**33043 Monroe**

4. FEI Number **65-1017962** Applied For  
**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  
**BELL, JAMES W**  
**30233 PINE WAY**  
**BIG PINE KEY FL 33043**

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)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BILL, JAMES</b> <b>30233 PINE WAY</b> <b>BIG PINE KEY FL 33043</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>TATGENHORST, JOY</b> <b>5550 OVERSEAS HIGHWAY/MAIN HOUSE</b> <b>MARATHON, FL 33050</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WEINSTEIN, TASHA</b> <b>104 ATLANTIC AVENUE</b> <b>ISLAMORADA FL 33034</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ROEHA, BEN</b> <b>1432 HARBOR DRIVE</b> <b>MARATHON FL 33050</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

name spelled ↑  
 incorrect  
 spelling is correct here.  
 spelling is incorrect here.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes, 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: Joy Tatgenhorst 7/20/00 305/743-2431 x21  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)