

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
 BIG PINE KEY FL 33043-1411

P.O. BOX 431411
 BIG PINE KEY FL 33043-1411

2. Principal Place of Business

3. Mailing Address

National Key Deer Refuge

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Big Pine Key Plaza

City & State

City & State

Big Pine Key FL

Zip

33043

Monroe

Country

Country

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

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

TITLE	C, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joy Tatgenhorst	
STREET ADDRESS	5550 Overseas Hwy	
CITY-ST-ZIP	Marathon FL 33043	
TITLE	Vacant	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weinstein, Tasha	
STREET ADDRESS	104 ATLANTIC AV	
CITY-ST-ZIP	ISLAMORADA, FL 33034	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEN ROCHE	
STREET ADDRESS	1432 Harbor Dr.	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>name spelled</i>	
STREET ADDRESS	<i>incorrect</i>	
CITY-ST-ZIP	<i>spelling is correct here.</i>	
	<i>spelling is incorrect here.</i>	
		<input type="checkbox"/> Addition

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 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: *Joy Tatgenhorst* **7/20/00** **305743-2437x21**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)