

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


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91409 046 ****70.00

0098354

DOCUMENT # N98000006684

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



Principal Place of Business
**NATIONAL KEY DEER REFUGE
BIG PINE KEY PLAZA
BIG PINE KEY FL 33043**

Mailing Address
**PO BOC 43141
BIG PINE KEY FL 33043-1411**

00041153



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business **Trust**
Florida Keys Land & Sea

3. Mailing Address
P.O. Box 500953

Suite, Apt. #, etc.
P.O. Box 500536

City & State
Marathon, FL 33050

City & State
Marathon, FL 33050

4. FEI Number **65-1017962**

Applied For
 Not Applicable

Zip
33050

Country
Monroe

Zip
33050

Country
Monroe

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BELL, JAMES W
30233 PINE WAY
BIG PINE KEY FL 33043**

7. Name and Address of New Registered Agent

Name **Deanna S. Lloyd**

Street Address (P.O. Box Number is Not Acceptable)
Florida Keys Land & Sea Trust

P.O. Box **500536**

City **Marathon, FL** Zip Code **33050**

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 *Deanna S Lloyd*

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

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | BELL, JAMES W | |
| STREET ADDRESS | 30233 PINE WAY | |
| CITY-ST-ZIP | BIG PINE KEY FL 33043 | |
| TITLE | VCD | <input type="checkbox"/> Delete |
| NAME | LOT, CASEY | |
| STREET ADDRESS | 115 INDIAN MOUND TRAIL | |
| CITY-ST-ZIP | PLANTATION KEY FL 33070 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GUERRA, ROBERT | |
| STREET ADDRESS | 2796 OLE HWY., SUITE 213C | |
| CITY-ST-ZIP | MARATHON FL 33050 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | TATGENHORST, JOY | |
| STREET ADDRESS | 5550 OVERSEAS HWY | |
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|--|
| TITLE | C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Hedden, Mark | |
| STREET ADDRESS | 411 Grinnell St. | |
| CITY-ST-ZIP | Key West, FL 33040 | |
| TITLE | VCD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bell, James W. | |
| STREET ADDRESS | 30233 Pine Way | |
| CITY-ST-ZIP | Big Pine Key, FL 33043 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Tatgenhorst, Joy | |
| STREET ADDRESS | 5550 Overseas Hwy. | |
| CITY-ST-ZIP | Marathon, FL 33050 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lloyd, Deanna | |
| STREET ADDRESS | 1665 Canal St. | |
| CITY-ST-ZIP | Big Pine Key, FL 33040 | |
| 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: *Deanna S Lloyd*

CR2E037 (10/02)