

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000006870

FILED
Apr 14, 2002 8:00 AM
Secretary of State

Entity Name: KEY WEST INDEPENDENT EDUCATION, INC.

Current Principal Place of Business:

1015 FLEMING ST.
KEY WEST, FL 33040

New Principal Place of Business:

720 TRUMAN AVE
KEY WEST, FL 33040

Current Mailing Address:

1015 FLEMING ST.
KEY WEST, FL 33040

New Mailing Address:

21 AZALEA DRIVE
KEY WEST, FL 33040

FEI Number: 65-0915399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDEN, COLLEEN
1015 FLEMING ST.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

DOLAN-HEITLINGER, JOHN
21 AZALEA DRIVE
KEY WEST, FL 33040 US

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: JOHN DOLAN-HEITLINGER

04/14/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROGER, MELODY
Address: 100 BAY DR
City-St-Zip: KEY WEST, FL 33040

Title: VPD () Delete
Name: EDEN, MIKE
Address: 1015 FLEMING ST
City-St-Zip: KEY WEST, FL 33040

Title: TSD () Delete
Name: EDEN, COLLEEN
Address: 1015 FLEMING ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOLAN-HEITLINGER, JOHN
Address: 21 AZALEA DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: VPD (X) Change () Addition
Name: DOLAN-HEITLINGER, EILEEN
Address: 21 AZALEA DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DOLAN-HEITLINGER

PD

04/14/2002

Electronic Signature of Signing Officer or Director

Date