

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001412

1. Entity Name

KEY WEST FILM SOCIETY, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90086 022 ****61.25

Principal Place of Business

1310 ROYAL STREET
KEY WEST FL 33040

Mailing Address

1310 ROYAL STREET
KEY WEST FL 33041-1283

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0903672

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

KRUER, WAYNE
600 WHITEHEAD STREET
KEY WEST FL 33040

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**

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 ☐ Delete
NAME **D SHIELDS, MICHAEL**
STREET ADDRESS **1310 ROYAL STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Change ☒ Addition
NAME **D GEORGE COOPER**
STREET ADDRESS **316 Admirals Lane**
CITY-ST-ZIP **Key West, FL 33040**

TITLE ☐ Delete
NAME **D KRUER, WAYNE**
STREET ADDRESS **600 WHITEHEAD STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Change ☒ Addition
NAME **D JUNE CRIDLAND**
STREET ADDRESS **1714 Josephine St - #2**
CITY-ST-ZIP **key west, FL 33040**

TITLE ☐ Delete
NAME **D HABER, GARY**
STREET ADDRESS **1123 ELGIN LANE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Signature of Michael Shields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

Daytime Phone #

CR2E037 (9/99)