2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900005081

1. Entity Name

SANCTUARY FRIENDS OF THE FLORIDA KEYS, INC.

		, ,	\
Principal Place of Business	Mailing Address		\
29850 JOURNEY'S END BIG PINE KEY FL 33043	P.O. BOX 504301 MARATHON FL 33050		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
	<u> </u>		

FILED Aug 16, 2000 8:00 am Secretary of State

04-07-2000 90079 023 ****61.25 08-16-2000 90006 029 ****70.00



2. Principal Place of Br	usiness	3. Mail	3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE								
City & State Cit			lity & State				4. FEI Number 65 - 0951288			_ 	oplied For ot Applicable	
Zip'	_ Country	Zip		untry	, ,	5. Certificate		8.75 Additional				
6. Na	l me and Address of Curren	<u> </u>	d Agent		T		7. Name and Address of New Registered Agent					
					Name							
CRADICK, ALAN					Street Address (P.O. Box Number is Not Acceptable)							
29850 JOURNEY												
BIG PINE KEY FL	33043				City Zip Code							
					City				FL	Zip Coo	9	
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, yield or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Signature, t	rpec or printed name or registered agen	and the mapp	(1401)	. Hegistere	C Agent signat	una regoneo	wild in tellistating)	¥				
FILE NO After September		9. Election Campaign Financing Trust Fund Contribution.			5.00 May Be ded to Fees	Be Make Check Payable to Department of State						
10.	OFFICERS AND D	RECTORS		11.			ADDITIONS/CH	ANGES TO OFFICE	RS AND DIR	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete			C.R.F. 291	POICK,	ALAN oueney'. KEY, FLO	s Eni	Change	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.		☐ Delete	TITLE NAM - STRE	<u> </u>	7 60 88	RUSZA 11-81-00	K, Jim Keseas Ada, Flo	HWY	Change	Addition C	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete			D HA 17	LAS, C	TUDITH F LANG PL	< AC€ .	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			D D6 69	CKER,	FRAN 9 D'ORO N, FLORI	_	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			DA 7	VIDSON SUNRIS	TOM E CAY I TO FLORE	RIVE	□ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 12. I bereby certify tha	t the information supplied wi	h this filing	☐ Delete	CITY	E ET ADDRESS - ST - ZIP	134 TAL	SLEBY, A OCEAN VERNIE!	LAURA I VIEW DR R, FLORIE	PIVE DA =	Chance	1	

Thereby certify that the information supplied with this filling does not quality to the exemption stated in Section 119.07(3)(1). Florida Statutes: I to the control 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.

Date

Daytime Phone #

attachment #N990000000 2000 UNIFORM BUSINESS REPORT (UBR) R0104551 DOCUMENT # N9900005081 1. Entity Name SANCTUARY FRIENDS OF THE FLORIDA KEYS, INC. PAGE 2 Mailing Address Principal Place of Business 29850 JOURNEY'S END P.O. BOX 504301 BIG PINE KEY FL 33043 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CRADICK, ALAN 29850 JOURNEY'S END BIG PINE KEY FL 33043 City Zio 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees After September 13, 2000 min. will be \$236.25 Department of State ್ರಕ್ಕೆ ಕ್ರತಿಕ್ರ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition ☐ Delete ☐ Change TITLE BLEVINS, WAYNE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO, FLORIDA 33037 ☐ Delete SMITH, LINDA NAME NAME STREET ADDRESS STREET ADDRESS 480 BAHIA 33*0 3 7* CITY-ST-ZIP CITY-ST-ZIP KEY LARGO, FLORIDA Addition TITLE ☐ Delete TITLE OBREGON, CLAUDIA 66 FLORIDA DRIVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP KEY LARGO, FLORIDA 33037 Delete TITLE Addition TITLE NUGENT, GEORGE NAME NAME 25 SHIPS WAY STREET ADDRESS STREET ADDRESS BIG PING KEY, FLORIDA 33043 CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR