FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P97000083977 1. Entity Name KWVC-KEY WESTER, INC. 04-04-2001 90064 038 ***150.00 Principal Place of Business Mailing Address 1027 BURKSHIRE LANE 506 FLEMING STREET UTIUUU KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0459734 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent SPOTTSWOOD, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 500 FC ming ST. 1027 BURKSHIRE LANE KEY WEST FL 33040 rpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE ped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 TITLE ☐ Delete NAME SPOTTSWOOD, ROBERT A NAME 506 Fleming St. Keywest, FL 33040 STREET ADDRESS STREET ADDRESS 1027 BURKSHIRE LANE CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE ☐ Delete TITLE NAME SPOTTSWOOD, JOHN M NAME STREET ADDRESS STREET ADDRESS 1027 BURKSHIRE LANE CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE Delete SPOTTSWOOD, WILLIAM B NAME NAME STREET ADDRESS STREET ADDRESS 1027 BURKSHIRE LANE CITY-ST-7IP CITY-ST-ZIP KEY WEST FL 33040 ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 13. 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 supplement 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 tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a ladyless, with all other library empowered.