

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

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90074 033 \*\*\*\*61.25

**DOCUMENT # N02000003090**



1. Entity Name  
**KEYSTONE GRANTS, INC.**

**90017265**



CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**9240 BONITA BEACH RD., SUITE 3309  
BONITA SPRINGS FL 34135**

Mailing Address  
**9240 BONITA BEACH RD., SUITE 3309  
BONITA SPRINGS FL 34135**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number  
**01-0652969**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DITMAR, LORI L**  
**9240 BONITA BEACH RD., SUITE 3309**  
**BONITA SPRINGS FL 34135**

**7. Name and Address of New Registered Agent**

Name: **Lori L Ditmar**  
Street Address (P.O. Box Number is Not Acceptable): **9240 Bonita Beach Road**  
**Suite 3309**  
City: **Bonita Springs** FL Zip Code: **34135**

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: *[Signature]* **Lori L Ditmar** DATE: **01/31/03**

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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, STEVE</b>	
STREET ADDRESS	<b>2841 COBBLE MOOR LANE</b>	
CITY-ST-ZIP	<b>SANDY UT 84093</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DITMAR, LORI L</b>	
STREET ADDRESS	<b>9240 BONITA BEACH RD., SUITE 3309</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DYER, RUSSELL M</b>	
STREET ADDRESS	<b>2039 E. ARABIAN DR.</b>	
CITY-ST-ZIP	<b>GILBERT AZ 85296</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		
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: *[Signature]* **Registered Agent** DATE: **01/31/03** **239-947-6200**

CR2E037 (10/02)