

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-19-2000 90105 019 ***158.75

DOCUMENT # 375794

1. Entity Name
KEY REALTY & DEVELOPMENT, INC.

Principal Place of Business Mailing Address
826 POLK ST **P.O. BOX 139**
HOLLYWOOD FL 33019 **HOLLYWOOD FL 33022**

00004082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1362270		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
DEMORA, JULIAN SR. 826 POLK ST HOLLYWOOD FL 33019				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMORA, JULIAN J.	NAME	
STREET ADDRESS	826 POLK ST.	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMORA JR, JULIAN	NAME	
STREET ADDRESS	1850 LAKE MILLS RD.	STREET ADDRESS	2845 ENTERPRISE RD. #107A
CITY-ST-ZIP	CHULUOTA FL 32766	CITY-ST-ZIP	DEBARY, FL. 32713
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, PAM	NAME	
STREET ADDRESS	352 FAIRGREEN PLACE	STREET ADDRESS	837 N.L.K. SYBELIA DR.
CITY-ST-ZIP	CASSELBERRY FL 32707	CITY-ST-ZIP	MAITLAND, FL. 32751
TITLE	STDV <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSEWORTH, DONNA	NAME	
STREET ADDRESS	2833 BLUESTONE DR.	STREET ADDRESS	2845 ENTERPRISE RD. #107A
CITY-ST-ZIP	DELTONA FL	CITY-ST-ZIP	DEBARY, FL. 32713
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSEWORTH, ROY	NAME	
STREET ADDRESS	2833 BLUESTONE DR.	STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32738	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julian Demora Pres. Julian DEMORA Date: 1-11-2000 Daytime Phone #: 954-9273092

CR2E034 (9/99)