2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
05-12-2001 90060 042 ****61.25

DOCUMENT # 726522

1. Entity Name

FLORIDA BLUE KEY, INC.

Principal Place of Business	Mailing Address
312 J. WAYNE REITZ UNION UNIVERSITY OF FLORIDA GAINESVILLE FL 32611-2042	312 J. WAYNE REITZ UNION UNIVERSITY OF FLORIDA GAINESVILLE FL 32611-2042

8.

DO NOT WRITE IN THIS SPACE

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 23-7378530 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATURO, FRANK J., JR.
3010 NW 9TH PLACE
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERNSTEIN, PAUL 829 SW 58TH TERR GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Leslie Press 4455 SW 34th St. #TT240 Gainesville, FL 32608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KOVACH, JILL 3921 SW 34TH ST #212 GAINESVILLE FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Richard Rosenblatt 3010 SW 2nd Ave. Gainesville, FL 32607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOODY, ASHLEY 316 NW 28TH TERR GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Colin Thompson 3500 SW 19th St. #113 Gainesville, FL 32601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHNSON, JOE 3515 SW 39TH BLVD #1234 GAINESVILLE FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Alexis Lambert 2232 NW 8th Ave. Gainesville, FL 32605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	H SHERMAN, PAM 2330 SW WILLISTON RD #2024 GAINESVILLE FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	H Karen Persis 808 W. Panhellenic Dr. Gainesville, FL 32601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATURO, FRANK DR. 3010 NW 9TH PLACE GAINESVILLE FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Joe SIGNATURE REQUIRED 4/28/01 352-337-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #