

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

250357

1. Entity Name

Keen's Corner, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

32700 U.S. Highway 19 North

3. Mailing Address

32700 U.S. Highway 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

Zip

34684

Country

USA

Zip

34684

Country

USA

4. FEI Number

59-0935585

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525

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.

100004663231-0

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President/Director
NAME: William Planes
STREET ADDRESS: 854 Cypress Lakeview Court
CITY-STATE-ZIP: Tarpon Springs, FL 34689

☐ Delete

TITLE: Secretary/Director
NAME: James W. Keen
STREET ADDRESS: 3530 NW 89th Way
CITY-STATE-ZIP: Hollywood, FL 33024

☐ Delete

TITLE: Asst. Secy/Director
NAME: Langfred W. White
STREET ADDRESS: 2094 Ashbury Drive
CITY-STATE-ZIP: Clearwater, FL 33764

☐ Delete

TITLE: Treasurer/Controller
NAME: Deborah Noll
STREET ADDRESS: 4168 Amber Lane
CITY-STATE-ZIP: Palm Harbor, FL 34685

☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: CEO/Director
NAME: William Planes
STREET ADDRESS: 854 Cypress Lakeview Court
CITY-STATE-ZIP: Tarpon Springs, FL 34689

☒ Change ☐ Addition

TITLE: Secretary/Director
NAME: James W. Keen
STREET ADDRESS: 3530 NW 89th Way
CITY-STATE-ZIP: Hollywood, FL 33024

☐ Change ☐ Addition

TITLE: Asst. Secy/Director
NAME: Langfred W. White
STREET ADDRESS: 2094 Ashbury Drive
CITY-STATE-ZIP: Clearwater, FL 33764

☐ Change ☐ Addition

TITLE: Treasurer/Controller
NAME: Deborah Noll
STREET ADDRESS: 4168 Amber Lane
CITY-STATE-ZIP: Palm Harbor, FL 34684

☐ Change ☐ Addition

TITLE: Sr. Vice President
NAME: Regina M. Planes
STREET ADDRESS: 854 Cypress Lakeview Court
CITY-STATE-ZIP: Tarpon Springs, FL 34689

☐ Change ☒ Addition

TITLE: President
NAME: Ernest A. Tammaro
STREET ADDRESS: 6375 Long Key Lane
CITY-STATE-ZIP: Boynton Beach, FL 33437

☐ Change ☒ Addition

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: Langfred W. White Asst. Secretary

10/26/2001

727-781-9885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 NOV -1 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

108

CR2E034 (11/00)

ATTACHMENT TO 2001 AMENDED UNIFORM BUSINESS REPORT OF KEEN'S
CORNER, INC.

BLOCK 12

Vice President
William Planes II
4775 Collins Avenue, #1505
Miami Beach, FL 33140

Addition

2013



30/3

ACCOUNT NO. : 072100000032
REFERENCE : 285082 5061379
AUTHORIZATION : *Patricia Pizate*
COST LIMIT : \$ 61.25

ORDER DATE : November 1, 2001

ORDER TIME : 1:24 PM

ORDER NO. : 285082-005

CUSTOMER NO: 5061379

CUSTOMER: Langfred White, Esq
Icc Financial Group
32700 Us Highway 19 North

Palm Harbor, FL 34684-3119

RECEIVED
01 NOV - 1 PM 2:20
DIVISION OF CORPORATION

AMENDED ANNUAL REPORT FILING

NAME: KEEN'S CORNER, INC.

XX AMENDED ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: _____