

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 294814

1. Entity Name

KEYS DEVELOPMENT CORPORATION

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90001 031 \*\*\*150.00

Principal Place of Business 800 UNITED STREET PO BOX 1089 KEY WEST FL 33040	Mailing Address 800 UNITED STREET PO BOX 1089 KEY WEST FL 33040-3247
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2. Principal Place of Business 1547 5th ST.	3. Mailing Address 1547 5th ST
Suite, Apt. #, etc:	Suite, Apt. #, etc.

City & State Key West, FLA.	City & State Key West, FLA.
Zip 33040	Country USA
Country USA	Zip 33040
Country USA	Zip 33040



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1143093	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYES, IDA K  
800 UNITED STREET PO BOX 1089  
KEY WEST FL 33040

Name GREG ARTMAN
Street Address (P.O. Box Number is Not Acceptable) 1547 5th ST
City Key West
State FL
Zip Code 33040

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 <i>Greg Artman</i>	DATE 4/23/00
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)

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

**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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME HAYES, JOHN B	
STREET ADDRESS 800 UNITED STREET	
CITY-ST-ZIP KEY WEST FL	
TITLE VD	<input type="checkbox"/> Delete
NAME LESTER, LANCELOT J. J	
STREET ADDRESS 24 ALLAMANDA TERRACE	
CITY-ST-ZIP KEY WEST FL	
TITLE SD	<input type="checkbox"/> Delete
NAME ARTMAN JR, L P	
STREET ADDRESS 601 FLEMING STREET	
CITY-ST-ZIP KEY WEST FL	
TITLE TD	<input type="checkbox"/> Delete
NAME ARTMAN, NORMAN D.	
STREET ADDRESS 3720 DUCK AVENUE	
CITY-ST-ZIP KEY WEST FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	

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: <i>Norman D. Artman</i>	DATE 4/26/00	DAYTIME PHONE # 305-294-6996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (9/99)