2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)						FILED				
DOCUMENT # 454482 1. Entity Name KEYHOLE REALTY, INC.					Feb 01, 2001 8:00 am Secretary of State 02-01-2001 90130 041 ***150.00					
Principal Plac 1050 RIVERSIDE JACKSONVILLE US	E AVE	Mailing Address 1050 RIVERSIDE AVE JACKSONVILLE FL 32204 US					. 			
2. Principal P 701 F	lace of Business ISK STREET	3. Mailing Address ITE	3. Mailing Address SALLE AS ITEM 2							
Suite, Apt. #, etc. SUITE 110		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
JAČKŠONVILLE, FL		City & State		4. FEI Nun	nber 59-2869	926	_ 	plied For t Applicable		
Zip Country 3 2 2 0 4		Zip	Country		5. Certifica	ate of Status Desire		8.75 Addi ee Required		
	6. Name and Address of Curren	it Registered Agent	Na	ame SAN		nd Address of Ne	w Registered A	gent	<u></u>	
1050	E JR., FRED M. RIVERSIDE AVE (SONVILLE FL 32204		Sti		of Fisk Sire freedrable)					
onon-	OOWHEE I E SEES		Cit	ity JA(CKSONV	ILLE	FL	Zip Sode		
Tax filing r	Signature, typed or printed name of registered ages praction is eligible to satisfy its Intangib requirement and elects to do so, ria on back)	FILE NOW!!	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat			Election Campaigr Trust Fund Contrib	· -		0 May Be to Fees	
11.	OFFICERS AN	D DIRECTORS	12.	· · · ·	ADDITION	S/CHANGES TO				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONE, FRED M., JR. 1050 RIVERSIDE AVE		TITLE NAME STREET ADD CITY-ST-ZI		701 FISK STREET, SUITE 110 JACKSONVILLE, FL 32204					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONE, FRED M., JR. 1050 RIVERSIDE AVE		TITLE NAME STREET ADD CITY-ST-ZI			SK STREE	T, SUIT		☐ Addition	
TITLE: . NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADD CITY-ST-ZI			- 134 · · · · · · · · · · · · · · · · · · ·		Change _	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADD CITY-ST-ZI					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADO CITY-ST-ZI					☐ Change	Addition	
indicatéd	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	ie true and accurate and that m	w cianatura s	chall have the	eama lanal af	fact se if made und	der oath: that I ar	m an officer i	or director II	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR