## 2000 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE:

## May 16, 2000 8:00 am Secretary of State DOCUMENT # 489357 KEATING MANAGEMENT COMPANY, INC. 05-16-2000 90026 015 \*\*\*150.00 Principal Place of Business Mailing Address 777 E ATLANTIC AVE 777 E ATLANTIC AVE STE 303 DELRAY BEACH FL 33483-5352 **DELRAY BEACH FL 33483** US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1637755 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KEATING, JEFFREY J Street Address (P.O. Box Number is Not Acceptable) 16500 BRIDLEWOOD CIRCLE **DELRAY BEACH FL 33445** Zip Code FL 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 DATE Signature, typed or printed pame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change SD TITLE ☐ Delete TITLE KEATING, JEFFREY J NAME NAME 16500 BRIDLEWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Change Addition ☐ Delete TITLE TITLE CAMERON, PRISCILLA K NAME NAME STREET ADDRESS 14 GOLDFINCH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NOVATO, CA 00000 ☐ Change ☐ Addition TITLE Delete TITLE KEATING, VIRGINIA NAME NAME 2565 S OCEAN BLVD #112N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BCH, FL 00000 Addition ☐ Change TITLE ☐ Delete TITLE KEATING, PHILIP J, JR NAME NAME STREET ADORESS STREET ADDRESS 3692 QUAIL RIDGE DR #280 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL 33426** Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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

Jeffrey J. Keating

561 278-7862