

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 592719

1. Entity Name

LEMON BAY ISLES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90091 029 ***158.75

Principal Place of Business

Mailing Address

2940 S. MCCALL ROAD
ENGLEWOOD FL 34224
US

2940 S. MCCALL ROAD
ENGLEWOOD FL 34224-8638
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1905380

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANICZ, JOSEPH G
2940 S. MACALL ROAD
ENGLEWOOD FL 34224

Name HAROLD L. KEATHLEY

Street Address (P.O. Box Number is Not Acceptable)
8331 SE ROYAL STREET

City HOBE SOUND

FL

Zip Code 33455

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

Harold L. Keathley

HAROLD L. KEATHLEY, PRESIDENT 1-26-00

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GRANICZ, JOSEPH G	
STREET ADDRESS	2940 S. MACALL ROAD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KEATHLEY, HAROLD L	
STREET ADDRESS	7696 S.E. INDEPENDENCE AVE.	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD L. KEATHLEY	
STREET ADDRESS	8331 SE ROYAL STREET	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERRY H. KEATHLEY	
STREET ADDRESS	8045 BAY POINT DR.	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
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:

Harold L. Keathley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD L. KEATHLEY, PRES. 1-26-00 (561)-546-2114

Date

Daytime Phone #

CR2E034 (9/99)