## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED **DOCUMENT # 611273** Sep 21, 2000 8:00 am Secretary of State LAROYCE KEENE BUILDERS, INC. 09-21-2000 90003 038 \*\*\*750.00 Principal Place of Business Mailing Address 110 E. REYNOLDS ST 110 E. REYNOLDS ST **SUITE 600-1 SUITE 600-1** PLANT CITY FL 33566 PLANT CITY FL 33566 Principal Place of Business 3. Mailing Address Kei DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1894171 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEENE, EDWARD L. Street Address (P.O. Box Number is Not Acceptable) ゲルグ <del>| 5501</del> NORTH BAILEY ROAD PLANT CITY FL 33565 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition Delete TITLE Change TITLE KEENE, EDWARD LAROYCE 5407 N. Bailey Road 5501 NORTH BAILEY ROAD STREET ADDRESS STREET ADDRESS PLANT CITY FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition KEENE, DEBORAH J. NAME NAME 5407 N. Bailes Rd. 5501 NORTH BAILEY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL ☐ Delete TITLE ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME 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 changed, or on an attachment with an address, with all