

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 686152**1. Entity Name  
**KEENE BROS., INC.****Principal Place of Business**

4946 LAND O' LAKES BLVD.

LAND O' LAKES  
34639

FL

**Mailing Address**

4946 LAND O' LAKES BLVD.

LAND O' LAKES  
34639

FL

**2. Principal Place of Business**

4946 LAND O' LAKES BLVD.

**3. Mailing Address**

4946 LAND O' LAKES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

LAND O' LAKES

FL

**City & State**

LAND O' LAKES

FL

Zip  
34639

Country

Zip  
34639

Country

**4. FEI Number****59-2037134**

Applied For

Not Applicable

**5. Certificate of Status Desired**☒**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****KEENE ROBERT D.**  
**9118 EHREN CUTOFF**LAND O' LAKES  
34639

US

FL

**7. Name and Address of New Registered Agent****Name****KEENE ROBERT D****Street Address (P.O. Box Number is Not Acceptable)****9118 EHREN CUTOFF**City  
LAND O' LAKES

FL

Zip Code  
34639

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 **ROBERT D. KEENE****04/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete
NAME	COFFIN KIMBERLY G	
STREET ADDRESS	18507 BARTON DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEENE ROBERT DJR.	
STREET ADDRESS	9118 EHREN CUTOFF	
CITY-ST-ZIP	LAND O FL 34639	
TITLE	P	<input type="checkbox"/> Delete
NAME	KEENE ROBERT D	
STREET ADDRESS	9118 EHREN CUTOFF	
CITY-ST-ZIP	LAND O FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGUIRE CHERA L	
STREET ADDRESS	13237 LAUDERDALE DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEENE STEVEN E	
STREET ADDRESS	14087 SANDY DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENE DAVID T	
STREET ADDRESS	3610 GRAND FORKS DR.	
CITY-ST-ZIP	LAND O' LAKES FL 34639	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENE ROBERT DJR.	
STREET ADDRESS	9118 EHREN CUTOFF	
CITY-ST-ZIP	LAND O' LAKES FL 34639	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENE ROBERT DSR	
STREET ADDRESS	9118 EHREN CUTOFF	
CITY-ST-ZIP	LAND O' LAKES FL 34639	
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: ROBERT D. KEENE**

P/D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)