

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90096 016 ****61.25

DOCUMENT # 719987

1. Entity Name

THE TOWERS OF KEY BISCAVNE, INC.

Principal Place of Business

1121 CRANDON BLVD
 KEY BISCAVNE FL 33149

Mailing Address

1121 CRANDON BLVD
 KEY BISCAVNE FL 33149-2755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1409911

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLEND, MAXINE S
1121 CRANDON BLVD
KEY BISCAVNE FL 33149

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	COBURN, PAUL	
STREET ADDRESS	1111 CRANDON BLVD	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	P	<input type="checkbox"/> Delete
NAME	AUCHTER, PAUL	
STREET ADDRESS	1121 CRANDON BLVD	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ELLEND, MAXINE S	
STREET ADDRESS	1121 CRANDON BLVD	
CITY-ST-ZIP	KEY BISCAVNE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEUTSCH, MORRIS	
STREET ADDRESS	1111 CRANDON BLVD	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANDON, MARISELA	
STREET ADDRESS	1121 CRANDON BLVD	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REILLY, WILLIAM	
STREET ADDRESS	1121 CRANDON BLVD	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CLEATER, JOHN		
STREET ADDRESS	1111 CRANDON BLVD		
CITY-ST-ZIP	KEY BISCAVNE, FL 33149		
TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BELL, MARTIN		
STREET ADDRESS	1121 CRANDON BLVD		
CITY-ST-ZIP	KEY BISCAVNE, FL 33149		
TITLE	Maxine S Ellend	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	1121 CRANDON BLVD-D907		
CITY-ST-ZIP	KEY BISCAVNE, FL 33149		
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			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Maxine S. Ellend
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 305-361-9114
 Date Daytime Phone #

CR2E037 19/99