

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744936

1. Entity Name

THE KEY PLAYERS, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90147 033 ****61.25

Principal Place of Business

167 COCOA DR
TAVERNIER FL 33070
US

Mailing Address

P O BOX 181
KEY LARGO FL 33037
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1843231

Applied For

Not Applicable

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

MIKLAS, JOE
86000 OVERSEAS HIGHWAY
P.O. BOX 366
ISLAMORADA, FL. FL 33036

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: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALLAGHER, SUSAN 167 COCOA DR TAVERNIER FL 33070	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, DEBORAH P O BOX 837 N/A TAVERNIER FL 33070	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHNEIDER, DAVID 265 CHARLEMAGNE BLVD KEY LARGO FL 33037	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTLER, TOM 441 BAHIA AVE KEY LARGO FL 33037	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, MARY I 612 N SILVER CIRCLE KEY LARGO FL 33037	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANK, BRADLEY 612 N SILVER CIRCLE KEY LARGO FL 33070	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONNA ROBERTS 168 SUNSET GARDEN DR TAVERNIER, FL 33070	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAT FAIN 160 RIVIERA DR TAVERNIER, FL 33070	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 REQUIRED BUTLER

7/23/00

305 453 0997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)