2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90126 047 ****61.25

DOCUMENT # 744936

1. Entity Name

THE KEY PLAYERS, INC.

Principal Place of Business	Mailing Address
167 COCOA DR TAVERNIER FL 33070 US	P O BOX 181 KEY LARGO FL 33037 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
92107 o/s highway	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tavernier, FL	City & State
Zip: 33070 Country: USA	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	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	S Donna Roberts 168 Sunset Gardens Dr. Tavernier, FL 33070	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILLER, DEBORAH P O BOX 837 N/A TAVERNIER FL 33070	☐ Delete	D Nat Fain 160 Riviera Dr. Tavernier, FL 33070	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHNEIDER, DAVID 265 CHARLEMAGNE BLVD KEY LARGO FL 33037	☐ Delete	Chris Pollanti 238 2nd Rd. Key Largo, FL 33037	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUTLER, TOM 441 BAHIA AVE KEY LARGO FL 33037	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDONALD, MARY I 612 N SILVER CIRCLE KEY LARGO FL 33037	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHANK, BRADLEY 612 N SILVER CIRCLE KEY LARGO FL 33070	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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 1/11/01 305-853-3281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #