

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A15526

1. Entity Name

KEY PLAZA APARTMENTS, LTD.

Principal Place of Business

105 E. TRUMAN AVE.  
KEY WEST FL 33041

Mailing Address

POST OFFICE BOX 129  
KEY WEST FL 33041-0129

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 65-0199292

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

O'BRIEN, JOHN E.

~~395 GOLF BROOK CIRCLE~~

~~APT 101~~

~~LONGWOOD FL 32779~~

Name

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

107 HILLCREST

City LONGWOOD

FL

Zip Code 32779

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

9. Capital Contributions  
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

O'BRIEN, JOHN E.

~~395 GOLF BROOK CIRCLE APT 101~~

~~LONGWOOD FL 32779~~

STREET ADDRESS

CITY - ST - ZIP

107 HILLCREST

LONGWOOD, FL 32779

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

RINEHART, J. R.

#3 ISLAND DR.

ROBBINSVILLE NC

STREET ADDRESS

CITY - ST - ZIP

60

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

BYRNE, CATHERINE KAY

~~7412 SW 42TH AVE.~~

~~MIAMI FL~~

STREET ADDRESS

CITY - ST - ZIP

5990 WS 87th STREET

MIAMI, FL 33143

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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DOCUMENT #

NAME

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CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

JOHN E. O'BRIEN

APRIL 28, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 305 294-26260