

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G74449

1. Entity Name

LEGG ADVERTISING OF THE KEYS, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90037 033 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 4601
HIALEAH FL 33014

P.O. BOX 4601
HIALEAH FL 33014-0601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2430046

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PAPY, CHARLES C., III
201 ALHAMBRA CIRCLE
SUITE 502
CORAL GABLES FL 33134

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME LEGG, ELMO T.
STREET ADDRESS 314 E. GLENOAKS BLVD.
CITY-ST-ZIP GLENDALE CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME COOPER, ROY
STREET ADDRESS 4000 TOWERSIDE TERRACE #2008
CITY-ST-ZIP N MIAMI FL

TITLE ☒ Change ☐ Addition
NAME 10677 NE QUAY BRIDGE CT
STREET ADDRESS Miami, FL 33138
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME CAMPBELL, NANCY K.
STREET ADDRESS 314 E GLENOAKS BLVD
CITY-ST-ZIP GLENDALE CA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/00

Date

954-956-2362

Daytime Phone #

CR2E034 (9/99)