

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009974

1. Entity Name

KEEPER INVESTMENTS, LTD..CO.

FILED

01 APR 23 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8235 RIVIERA SHORE CT
ORLANDO FL 32817

Mailing Address

8235 RIVIERA SHORE CT
ORLANDO FL 32817



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1651 N. SEMORAN BLVD

3. Mailing Address

1651 N. SEMORAN BLVD

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

ORLANDO - FL

City & State

ORLANDO - FL

* FRI Number

59-3669655

Applied For

Not Applicable

Zip

Country

32807 USA

USA

Zip

Country

32807 USA

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORTUGAL, ALTAMIRANDO C

8235 RIVIERA SHORE CT
ORLANDO FL 32817

PORTUGAL, ALTAMIRANDO C

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

1651 N. SEMORAN BLVD

SUITE 100

City

ORLANDO

FL

Zip Code

32807

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] MGR ALTAMIRANDO C. PORTUGAL

DATE

2/26/2001

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200004138342--1
-05/07/01--01041--022
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME ALTAMIRANDO C. PORTUGAL
STREET ADDRESS 8235 RIVIERA SHORE CT
CITY-ST-ZIP ORLANDO - FL 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME CASSIA B. PORTUGAL
STREET ADDRESS 8235 RIVIERA SHORE CT
CITY-ST-ZIP ORLANDO FL 32817

TITLE
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CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

[Signature] MGR ALTAMIRANDO C. PORTUGAL

2/26/2001

(407) 249-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

CR2E083 (11/00)

0006946 AF