

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001653

1. Entity Name  
KEITH C. WOLD LLC

APPROVED  
AND  
FILED

00 MAY 18 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1515 S. FEDERAL HWY. STE 201  
BOCA RATON FL 33432

Mailing Address

1515 S. FEDERAL HWY. STE 201  
BOCA RATON FL 33432-7404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAKER, DONALD E  
1515 S. FEDERAL HWY, STE 201  
BOCA RATON FL 33432

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY- ST- ZIP	

TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Keith C. Wold, MGRM
CITY- ST- ZIP	1515 S. Federal Hwy., Suite 201 Boca Raton, FL 33432
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	300003283353
CITY- ST- ZIP	-06/12/00--01006--004 *****50.00 *****50.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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 REQUIRED* Keith C. Wold 4/27/00 (561) 395-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)