

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90074 033 ****61.25

DOCUMENT # N02000003090

1. Entity Name

KEYSTONE GRANTS, INC.



Principal Place of Business

**9240 BONITA BEACH RD., SUITE 3309
BONITA SPRINGS FL 34135**

Mailing Address

**9240 BONITA BEACH RD., SUITE 3309
BONITA SPRINGS FL 34135**

90017265



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0652969

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

**DITMAR, LORI L
9240 BONITA BEACH RD., SUITE 3309
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name **Ditmar, Lori L**
Street Address (P.O. Box Number is Not Acceptable) **9240 Bonita Beach Road**
Suite 3309
City **Bonita Springs** FL Zip Code **34135**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HARRIS, STEVE**
STREET ADDRESS **2841 COBBLE MOOR LANE**
CITY-ST-ZIP **SANDY UT 84093**

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

TITLE **D** ☐ Delete
NAME **DITMAR, LORI L**
STREET ADDRESS **9240 BONITA BEACH RD., SUITE 3309**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

TITLE **D** ☐ Delete
NAME **DYER, RUSSELL M**
STREET ADDRESS **2039 E. ARABIAN DR.**
CITY-ST-ZIP **GILBERT AZ 85296**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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** Registered Agent **01/31/03**
239-947-6200

CR2E037 (10/02)