

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21307

1. Entity Name

KEITH POINTE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

500 KEITH PT. DR  
SARASOTA FL 34236  
US

500 KEITH PT. DR  
SARASOTA FL 34236-2100  
US

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

65-0106382

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

Name

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

City

FL

Zip Code

COCKS, ALAN C  
500 KEITH PT. DR  
SARASOTA FL 34236

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME  
D  
BRIGGS, ELAINE  
STREET ADDRESS  
510 KEITH POINTE DRIVE  
CITY-ST-ZIP  
SARASOTA FL

TITLE ☐ Delete

NAME  
PDS  
COCKS, ALAN  
STREET ADDRESS  
500 KEITH PT. DR  
CITY-ST-ZIP  
SARASOTA FL 34236

TITLE ☐ Delete

NAME  
D  
BEG, JIM  
STREET ADDRESS  
520 KEITH PT. DR  
CITY-ST-ZIP  
SARASOTA FL 34236

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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: ALAN C COCKS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/00

941-388-1911

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90040 014 \*\*\*\*61.25

C0004037



DO NOT WRITE IN THIS SPACE