

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90114 042 ****61.25

DOCUMENT # N94000003554

1. Entity Name

THE FRED AND ROSE KELLER FOUNDATION, INC.

Principal Place of Business

Mailing Address

6758 N MILITARY TRL
 SUITE 301
 WEST PALM BEACH FL 33407
 US

6758 N MILITARY TRL
 SUITE 301
 WEST PALM BEACH FL 33407-1223
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0510942

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLER, FRED
6758 N MILITARY TRL
SUITE 301
WEST PALM BEACH FL 33407

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	KELLER, FRED
STREET ADDRESS	6758 N MILITARY TRL, SUITE 301
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	D <input type="checkbox"/> Delete
NAME	KELLER, ROSEMARIE
STREET ADDRESS	6758 N MILITARY TRL, SUITE 301
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	D <input type="checkbox"/> Delete
NAME	KEIL, WOLFGANG
STREET ADDRESS	6758 N MILITARY TRL, SUITE 301
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/00

Date Daytime Phone #

CR2E037 (9/99)