

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001187

1. Entity Name

KEYS COMMUNICATION GROUP, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90003 045 ****61.25

Principal Place of Business

Mailing Address

720-B CAROLINE ST.
KEY WEST FL 33040

P.O. BOX 992
KEY WEST FL 33041-0992

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

65-0452212

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

MUNROE, CHARLES A
720-B CAROLINE ST.
KEY WEST FL 33040

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 P ☐ Delete
NAME MUNROE, CHARLES A
STREET ADDRESS 827 EISENHOWER DR.
CITY-ST-ZIP KEY WEST FL 33040

TITLE Director ☐ Change ☒ Addition
NAME Robert E. Carlson, MD
STREET ADDRESS 1107 Fleming Street
CITY-ST-ZIP Key West, FL 33040

TITLE VP ☐ Delete
NAME HOLTKAMP, NANCY G
STREET ADDRESS 1207 WILLIAM ST.
CITY-ST-ZIP KEY WEST FL 33040

TITLE Director ☐ Change ☒ Addition
NAME Michael Baier
STREET ADDRESS 219 Olivia Street
CITY-ST-ZIP Key West, FL 33040

TITLE SD ☐ Delete
NAME MCCAFFREY, VANESSA
STREET ADDRESS P.O. BOX 4117 N/A
CITY-ST-ZIP KEY WEST FL 33041

TITLE Director ☐ Change ☒ Addition
NAME Robert L. Tracy
STREET ADDRESS 1114 Fleming Street
CITY-ST-ZIP Key West, FL 33040

TITLE D ☒ Delete
NAME HORAN, DEBBIE
STREET ADDRESS 3132 NORTHSIDE DR.
CITY-ST-ZIP KEY WEST FL 33040

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

TITLE TD ☐ Delete
NAME GUSTAFSON, JOEL
STREET ADDRESS P.O. BOX 14070 N/A
CITY-ST-ZIP FT. LAUDERDALE FL 33302

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

TITLE D ☐ Delete
NAME STEINMAN, BARRY
STREET ADDRESS 555 NE 34TH ST, APT. #2202
CITY-ST-ZIP MIAMI FL 33137

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.

Charles A. Munroe

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

3/16/00 305-292-3720