

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001187

1. Entity Name

KEYS COMMUNICATION GROUP, INC.

*W*

Principal Place of Business

212 FLEMING ST  
7200 CAROLINE ST.  
KEY WEST FL 33040

Mailing Address

P.O. BOX 992  
KEY WEST FL 33041

212 FLEMING ST

SAME

2. Principal Place of Business

Key West, FL

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0452212

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

Country

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

Barry S Robert L. Tracy

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

1114 FLEMING ST.

City

Key West

FL

Zip Code

33040

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

*Robert L. Tracy*

ROBERT L. TRACY

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

After September 12, 2001, min. will be \$236.25

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	<input checked="" type="checkbox"/> Delete
NAME	MUNROE, CHARLES A	
STREET ADDRESS	827 EISENHOWER DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	HOLTKAMP, NANCY L	<input checked="" type="checkbox"/> Delete
NAME	HOLTKAMP, NANCY L	
STREET ADDRESS	1202 WILLIAM ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLSON, ROBERT E MD	
STREET ADDRESS	1107 FLEMING STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAIER, MICHAEL	
STREET ADDRESS	219 OLIVIA STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	TRACY, ROBERT L	
STREET ADDRESS	1114 FLEMING STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	STEINMAN, BARRY	
STREET ADDRESS	555 NE 34TH ST, APT, #2202	
CITY-ST-ZIP	MIAMI FL 33137	

TITLE	D.V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD GRUSIN	
STREET ADDRESS	2818 STAPLES AV	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANESSA MACAFFREY	
STREET ADDRESS	513 FLEMING ST	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY HOLTKAMP	
STREET ADDRESS	3830 S. ROOSEVELT BLVD	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Barry Steinman*

7/11/01 305541-7232

FILED

Jul 25, 2001 8:00 am  
Secretary of State

07-25-2001 90036 001 \*\*\*\*61.25

07-25-2001 90036 002 \*\*\*\*8.75

76887



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

Attachment  
Doc# N95000001187  
76887



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 10, 2001

KEYS COMMUNICATION GROUP, INC.  
P.O. BOX 992  
KEY WEST, FL 33041

Subject: KEYS COMMUNICATION GROUP, INC.

Reference Number: N95000001187

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JG

ANNUAL REPORTS SECTION

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001187-76887

1. Entity Name

KEYS COMMUNICATION GROUP, INC.

Attachment

Principal Place of Business

720-B CAROLINE ST.  
KEY WEST FL 33040

Mailing Address

P.O. BOX 992  
KEY WEST FL 33041

2. Principal Place of Business

212 FLEMING ST

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Key West, Florida

City & State

Key West, Florida

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

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

7. Name and Address of New Registered Agent

Name: Robert L. Tracy  
Street Address (P.O. Box Number is Not Acceptable):  
1114 FLEMING ST.  
City: Key West FL Zip Code: 33040

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

Robert L. Tracy, Treasurer

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/17/01

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

TITLE: VP  
NAME: HOLTKAMP, NANCY G  
STREET ADDRESS: 4207 WILLIAM ST.  
CITY-ST-ZIP: KEY WEST FL 33040 ☐ Delete

TITLE: D  
NAME: CARLSON, ROBERT E MD  
STREET ADDRESS: 1107 FLEMING STREET  
CITY-ST-ZIP: KEY WEST FL 33040 ☐ Delete

TITLE: D  
NAME: BAIER, MICHAEL  
STREET ADDRESS: 219 OLIVIA STREET  
CITY-ST-ZIP: KEY WEST FL 33040 ☐ Delete

TITLE: TREASURER  
NAME: TRACY, ROBERT L  
STREET ADDRESS: 1114 FLEMING STREET  
CITY-ST-ZIP: KEY WEST FL 33040 ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PRES.  
NAME: BARRY STEINMAN  
STREET ADDRESS: 555 NE 34TH ST.  
CITY-ST-ZIP: MIAMI, FL 33137 ☒ Change ☒ Addition

TITLE: V.P.  
NAME: RICHARD GRUSIN  
STREET ADDRESS: 2319 STAPLES AV  
CITY-ST-ZIP: KEY WEST, FL 33040 ☒ Change ☒ Addition

TITLE: SECRETARY  
NAME: VANESSA McCAFFREY  
STREET ADDRESS: 513 FLEMING ST  
CITY-ST-ZIP: KEY WEST FL 33040 ☒ Change ☒ Addition

TITLE: D  
NAME: NANCY HOLTKAMP  
STREET ADDRESS: 3930 S. ROOSEVELT BLVD  
CITY-ST-ZIP: KEY WEST, FL 33040 ☒ Change ☐ Addition

TITLE: TREASURER  
NAME: TRACY, ROBERT L  
STREET ADDRESS: 1114 FLEMING ST  
CITY-ST-ZIP: KEY WEST, FL 33040 ☒ Change ☐ Addition

TITLE: PRESIDENT  
NAME: STEINMAN, BARRY  
STREET ADDRESS: 555 NE 34TH ST, APT. #2202  
CITY-ST-ZIP: MIAMI FL 33137 ☐ Change ☐ Addition

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SIGNATURE:

Signature and typed or printed name of signing officer or director

6/25/01

305,541-7232

Daytime Phone

CR2E037 (10/00)