2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006145

1. Entity Name

KEYS AREA INTERDENOMINATIONAL RESOURCES, INC. R

FILED
Jul 20, 2000 8:00 am
Secretary of State
06-09-2000 90024 031 ****61.25

Principal Place of Business	Mailing Address
3010 OVERSEAS HWY MARATHON FL 33050	3010 OVERSEAS HWY MARATHON FL 33050-2237

DO NOT WRITE IN THIS SPACE

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 65-0926262 ☐ 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
GREENMAN, FRANKLIN D 5800 OVERSEAS HWY STE 40 MARATHON FL 33050	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEURY, NATHAN 3010 OVERSEAS HWY MARATHON FL 33050	☐ Delete	Mueller, David 11231 5th Ave Gulf Director Marathon, FL 33050	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, GERALD 550 122 ST OCEAN MARATHON FL 33050	☐ Delete	~~Vice President~~ McCluskey, Michael 1126 Calle Ensenada MARATHON FL 33050 Director	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. ROBERTS, DONALD 325 122 STREET GULF MARATHON FL 33050	☐ Delete	~~Vice President~~ 58652 O/S HIGHWAY MARATHON FL 33050 Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Lesle, Paul	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIR 4/7/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #