

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006638

1. Entity Name

KEYS TO KENAI, INCORPORATED

Principal Place of Business

908 SE 15TH CT
DEERFIELD BEACH FL 33441-7420

Mailing Address

908 SE 15TH CT
DEERFIELD BEACH FL 33441-7420

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 7001

Suite, Apt. #, etc.

City & State

Delray Beach

Zip

33482

Country

USA

4. FEI Number

65-0879706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

SCHULTE, DAVID C
7341 ANADALE CIRCLE
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME HOUGH, COLLEEN B
STREET ADDRESS 908 SE 15TH CT
CITY-ST-ZIP DEERFIELD BEACH FL 33441-7420

TITLE D ☐ Delete
NAME SCHULTE, DAVID C
STREET ADDRESS 7341 ANADALE CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D ☐ Delete
NAME BOLAND, SANDRA
STREET ADDRESS 908 SE 15TH CT
CITY-ST-ZIP DEERFIELD BEACH FL 33441-7420

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 ☐ Addition
NAME
STREET ADDRESS PO Box 7001
CITY-ST-ZIP Delray Beach, FL 33482

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS PO Box 7001
CITY-ST-ZIP Delray Beach, FL 33482

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

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

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.

SIGNATURE:

SIGNATURE *David C Schulte*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/00
Date

561-818-1527
Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE