

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
05-15-2001 90049 042 \*\*\*\*61.25

**DOCUMENT # N99000003020**

1. Entity Name

**KEYPOINTS CENTRE, INC.**

Principal Place of Business

Mailing Address

**4101 WAVERLY DRIVE  
WEST PALM BEACH FL 33407**

**4101 WAVERLY DRIVE  
WEST PALM BEACH FL 33407**

2. Principal Place of Business

**901 N. TAMARIND AVE.**

3. Mailing Address

**P.O. BOX 417**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH, FL**

City & State

**WEST PALM BEACH, FL**

Zip

**33401**

Country

**U.S.A.**

Zip

**33402**

Country

**U.S.A.**

4. FEI Number

**65-0915370**

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

**GERSTIN, JOSHUA G ESQ.  
1515 N. FEDERAL HIGHWAY, SUITE 300  
BOCA RATON FL 33432**

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** ☐ Delete  
NAME **HILL, ANGELA M**  
STREET ADDRESS **4101 WAVERLY DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE **D** ☐ Delete  
NAME **OTTO, CHERRY**  
STREET ADDRESS **4101 WAVERLY DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE **T** ☐ Delete  
NAME **SAUL, ANDREW**  
STREET ADDRESS **4101 WAVERLY DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

**ANGELA M. HILL**

**04/26/01 561.845.8731**

CR2E037 (10/00)