

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 JUN -3 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *1099000 00 3020*

1. Entity Name *KEY POINTS CENTRE, INC.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*901 N. TAMARIND AVE.*

3. Mailing Address

*P.O. BOX 417*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*WEST PALM BEACH, FL*

City & State

*WEST PALM BEACH, FL*

4. FEI Number

*65-0915370*

Applied For

Not Applicable

Zip

*33401*

Country

*USA*

Zip

*33402*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*JOSHUA GERSTIN, ESQ.*

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

*1515 N. FEDERAL HWY. STE. 300*

City

*BOCA RATON*

**FL**

Zip Code

*33432*

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IN THIS SPACE**

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

**FEE IS \$61.25**

**Initial or Amended UBR**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*HILL, ANGELA M. - DIRECTOR  
4101 WAVERLY DR.  
WEST PALM BEACH, FL 33407*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*OTTO, CHERYL D. - DIRECTOR / TREAS  
4101 WAVERLY DR.  
WEST PALM BEACH, FL 33407*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*502065902911--5  
-02/25/02--90085--035  
\*\*\*\*\*61.25 \*\*\*\*\*61.25*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*HILL, FRANCES - DIRECTOR / SEC.  
4101 WAVERLY DR.  
WEST PALM BEACH, FL 33407*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

*02/03/02*

*561.367.9900*

CR2E037B (12/01)