

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-04-2001 90034 036 ***150.00

DOCUMENT # P00000015158

1. Entity Name
KEY KEEPERS, INC.

Principal Place of Business
**2360 BRITANNIA ROAD
 SARASOTA FL 34276**

Mailing Address
**P O BOX 17231
 SARASOTA FL 34276**



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	☒ Applied For - ☐ Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCPHERSON, RUTH
 2360 BRITANNIA ROAD
 SARASOTA FL 34276**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, CEO ☐ Delete Ruth M. McPherson 2360 Britannia Rd. Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ☐ Delete Joy A. McMillan 1770 Ben Franklin Dr. Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☐ Delete Bruce R. McPherson 2360 Britannia Rd. Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ☐ Delete Blair McMillan 1770 Ben Franklin Dr. #701 Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 and 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Ruth M. McPherson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2001 (941) 923-9035
 Date Daytime Phone #

CR2E034 (10/00)