

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045745

1. Entity Name

KEY CARD COMMUNICATIONS, INC.

**FILED**  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 91569 045 \*\*\*550.00

Principal Place of Business

630 S ORANGE AVE., 3RD FLOOR  
SARASOTA FL 34246

Mailing Address

630 S ORANGE AVE., 3RD FLOOR  
SARASOTA FL 34246

100000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5969 CATTLE RIDGE BLVD  
SUITE 200  
SARASOTA FL

3. Mailing Address

5969 CATTLE RIDGE BLVD  
SUITE 200  
SARASOTA FL

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-1011475

Applied For

Not Applicable

Zip

34232

Country

SMAROTCA

Zip

34232

Country

SMAROTCA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOSS, MARC J  
630 S ORANGE AVE., 3RD FLOOR  
SARASOTA FL 34246

7. Name and Address of New Registered Agent

Name: KENNETH R. HOLMQUIST  
Street Address (P.O. Box Number is Not Acceptable): 5969 CATTLE RIDGE BLVD SUITE 200  
City: SARASOTA FL Zip Code: 34232

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

5/01/2001

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	D	Delete <input checked="" type="checkbox"/>
NAME	ELLSWORTH, TODD	
STREET ADDRESS	630 S ORANGE AVE., 3RD FLOOR	
CITY-ST-ZIP	SARASOTA FL 34246	
TITLE	D	Delete <input type="checkbox"/>
NAME	MAY, B. STEPHEN	
STREET ADDRESS	630 S ORANGE AVE., 3RD FLOOR	
CITY-ST-ZIP	SARASOTA FL 34246	
TITLE	<del>ELLSWORTH, TODD</del>	Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MAY, B. STEPHEN	
STREET ADDRESS	5969 CATTLE RIDGE BLVD SUITE 200	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	CLIFFORD WILDER	
STREET ADDRESS	5969 CATTLE RIDGE BLVD SUITE 200	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	LLOYD SLATER	
STREET ADDRESS	5969 CATTLE RIDGE BLVD SUITE 200	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	<del>WILLIAM STRATTON</del>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WILLIAM STRATTON	
STREET ADDRESS	5969 CATTLE RIDGE BLVD SUITE 200	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	KENNETH R. HOLMQUIST	
STREET ADDRESS	5969 CATTLE RIDGE BLVD SUITE 200	
CITY-ST-ZIP	SARASOTA FL 34232	

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/01/2001 941 552-2156

CR2E034 (10/00)