

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105351

1. Entity Name

KEY PROPERTIES OF PALM BEACH, INC.

**FILED**  
May 12, 2001 8:00 am  
Secretary of State

05-12-2001 90042 010 \*\*\*150.00

Principal Place of Business

275 PALM AVE., A106  
JUPITER FL 33477

Mailing Address

275 PALM AVE., A106  
JUPITER FL 33477

2. Principal Place of Business

4400 PGA Blvd Ste 800

3. Mailing Address

PO 31657  
4400 PGA Blvd Ste 800

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bch Gdns FL

City & State

Palm Bch Gdns, FL

Zip

33410

Country

USA

Zip

33420

Country

USA

4. FEI Number

65-1056207

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

Name

STEIN, R.I.

275 PALM AVE., A106

JUPITER FL 33477

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

4400 PGA Blvd Ste 800

City

Palm Bch Gdns

FL

Zip Code

33410

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D Vice President**  
STREET ADDRESS **MASSEY, MARGARET**  
CITY-ST-ZIP **205 WORTH AVENUE 1648 Jupiter Cove Dr.**  
**PALM BEACH FL 33480 Jupiter, FL 33469**

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

TITLE ☐ Delete  
NAME **D/P/S/T**  
STREET ADDRESS **Rose Stein**  
CITY-ST-ZIP **4400 PGA Blvd, Ste 800**  
**Palm Bch Gdns, FL 33410**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

4/29/01

Date

561 743 7077

Daytime Phone #

CR2E034 (10/00)