

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 AUG 14 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107557

1. Entity Name

KEEGANBAR, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4753 NW 72nd. Avenue

3. Mailing Address  
The Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami FL

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
33166

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **SPIEGEL & UTRERA, P.A.**

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

**1840 22<sup>nd</sup> AVENUE - 4<sup>th</sup> Floor**

City **MIAMI**

FL

Zip Code **33145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and, if applicable, (NOTE: Registered Agent Signature Required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Michael P. Keegan  
4753 NW 72nd. Avenue, Miami, FL 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
Charles P. Keegan  
4753 NW 72nd. Avenue, Miami, FL 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael P. Keegan**

Date

Daytime Phone #

CR2E034B (12/02)

2/14

**AFFIDAVIT IN SUPPORT OF**  
**REQUEST TO WAIVE THE**  
**FLORIDA DEPARTMENT OF STATE**  
**CORPORATE ANNUAL REPORT LATE FEES**

STATE OF FLORIDA       )  
                                      )  
COUNTY OF DADE)

1. Michael P. Keegan is a President of KEEGANBAR, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation failed to file its 2003 Uniform Business Report or pay the 2003 Uniform Business Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
  - 2.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
3. The Corporation requests the Florida Department of State waive the late fee for the Corporation upon the payment by the Corporation of its 2003 Uniform Business Report filing fee, which are presented simultaneously with this Affidavit.
4. KEEGANBAR, INC. satisfies the requirements of the Florida Statutes 607.0401.

Dated: 21<sup>st</sup> day of JULY, 2003

FURTHER, AFFIANT SAYETH NOT

KEEGANBAR, INC.

By: \_\_\_\_\_

Michael P. Keegan, President

SWORN AND SUBSCRIBED

before me this 21<sup>st</sup> day of JULY, 2003.

\_\_\_\_\_  
Notary Public, State of Florida at Large

Printed Name: PATRICIA W. ANTHONY

Commission Expires: 4/18/04



Patricia W. Anthony  
MY COMMISSION # CC917579 EXPIRES  
April 18, 2004  
BONDED THRU TROY FAIN INSURANCE, INC.