

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90092 049 \*\*\*150.00

0369132

**DOCUMENT # P94000060858**

1. Entity Name  
**GOLD KEY REALTY, INC.**

Principal Place of Business

2321 STATE ROAD 580  
 SUITE 105  
 CLEARWATER FL 33763

Mailing Address

2321 STATE ROAD 580  
 SUITE 105  
 CLEARWATER FL 33763

**C0053955**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*240 Woodward Passage*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Apt 501*

City & State

City & State

*Clearwater FL*

4. FEI Number **59-3264829**

Applied For

Not Applicable

Zip

Country

Zip

Country

*33767*

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

**AYALA, JANICE D**  
**2321 STATE ROAD 580**  
**SUITE 105**  
**CLEARWATER FL 34623**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **P**  
 STREET ADDRESS **AYALA, JANICE D**  
 CITY-ST-ZIP **2321 STATE ROAD 580, SUITE 105**  
**CLEARWATER FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS *240 Woodward Passage #501*  
 CITY-ST-ZIP *Clearwater, FL 33767-2258*

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **MILLER, DONNA C**  
 CITY-ST-ZIP **121 N OSCEOLA AVE., SUITE 300**  
**CLEARWATER FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
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TITLE  Delete  
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 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: *Janice D. Ayala*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-2-01* 727-797-5592  
 Date Daytime Phone #

CR2E034 (10/00)