

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 28, 2000 08:00 AM****Secretary of State****DOCUMENT # P95000070573****1. Entity Name**

CASEY KEY PROPERTY ASSOCIATES, INC.

**Principal Place of Business**877 EXECUTIVE CENTER DRIVE WEST  
GLADES BUILDING, SUITE 303  
ST. PETERSBURG FL  
33702**Mailing Address**877 EXECUTIVE CENTER DRIVE WEST  
GLADES BUILDING, SUITE 303  
ST. PETERSBURG FL  
33702**2. Principal Place of Business**

877 EXECUTIVE CENTER DRIVE WEST

**3. Mailing Address**

877 EXECUTIVE CENTER DRIVE WEST

**Suite, Apt. #, etc.**

GLADES BUILDING, SUITE 303

**Suite, Apt. #, etc.**

GLADES BUILDING, SUITE 303

**City & State**

ST. PETERSBURG FL

**City & State**

ST. PETERSBURG FL

**4. FEI Number****59-3337078****Applied For****Not Applicable**Zip  
33702Country  
USZip  
33702Country  
US**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MASCARA ERNEST L  
877 EXECUTIVE CENTER DRIVE WEST  
GLADES BUILDING, SUITE 303  
ST. PETERSBURG FL  
33702 US**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**03/28/2000**

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, 2000 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 DVPS ☐ Delete  
NAME KEANE ANDREW J  
STREET ADDRESS 3910 GULF BLVD.  
CITY-ST-ZIP ST.PETE FL 33706TITLE DPT ☐ Delete  
NAME KEANE JOANNE M  
STREET ADDRESS 3910 GULF BLVD.  
CITY-ST-ZIP ST.PETE FL 33706TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE DVPS ☒ Change ☐ Addition  
NAME KEANE ANDREW J  
STREET ADDRESS 3910 GULF BOULEVARD  
CITY-ST-ZIP ST. PETE BEACH FL 33706TITLE DPT ☒ Change ☐ Addition  
NAME KEANE JOANNE M  
STREET ADDRESS 3910 GULF BOULEVARD  
CITY-ST-ZIP ST. PETE BEACH FL 33706TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: Joanne M. Keane

PRES. 03/28/2000