

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 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
33702 US

FL

Mailing Address877 EXECUTIVE CENTER DRIVE WEST
GLADES BUILDING, SUITE 303
ST. PETERSBURG
33702 US

FL

2. Principal Place of Business

475 CENTRAL AVENUE

3. Mailing Address

475 CENTRAL AVENUE

Suite, Apt. #, etc.

KRESS BUILDING, SUITE M8

Suite, Apt. #, etc.

KRESS BUILDING, SUITE M8

City & State

ST. PETERSBURG

FL

City & State

ST. PETERSBURG

FL

Zip

33701

Country

US

Zip

33701

Country

US

4. FEI Number

59-3337078

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

FL

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

MASCARA ERNEST L

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

475 CENTRAL AVENUE

KRESS BUILDING, SUITE M8

City

ST. PETERSBURG

FL

Zip Code

33701

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 **ERNEST L. MASCARA****04/02/2001**

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**

TITLE	DVPS	☐ Delete
NAME	KEANE ANDREW J	
STREET ADDRESS	3910 GULF BOULEVARD	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE	DPT	☐ Delete
NAME	KEANE JOANNE M	
STREET ADDRESS	3910 GULF BOULEVARD	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: JOANNE M. KEANE

P

04/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)