

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91456 020 ***150.00

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DOCUMENT # P97000027755

1. Entity Name
GOLAN REAL ESTATE, INC.



Principal Place of Business
**420 EATON ST
KEY WEST FL 33040
US**

Mailing Address
**420 EATON ST
KEY WEST FL 33040
US**



2. Principal Place of Business
LUANI PLAZA
Suite, Apt. #, etc.
1454 KENNEDY DR.
City & State
KEY WEST

3. Mailing Address
LUANI PLAZA
Suite, Apt. #, etc.
1454 KENNEDY DR.
City & State
KEY WEST

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0734236**

Applied For
Not Applicable

Zip **33040** Country **USA**

Zip **33040** Country **USA**

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

**GOLAN, DONNA
420 EATON ST
KEY WEST FL 33040**

Name
Street Address (P.O. Box Number is Not Acceptable)
LUANI PLAZA
1454 KENNEDY DR.
City **KEY WEST, FL** Zip Code **33040**

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 **Donna Golan**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/28/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLAN, DONNA 1500 ATLANTIC BLVD #409 KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLAN, KEITH 1500 ATLANTIC BLVD #409 KEY WEST FL 33040	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Donna Golan** **4/28/03** **292-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)