

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

AMENDED

FILED

DOCUMENT # 798000055880

1. Entity Name

KEY WEST CROSSING, INC.

02 FEB 27 PM 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

617 LAKE AVE.

3. Mailing Address

617 LAKE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL.

City & State

LAKE WORTH, FL.

4. FEI Number

650850390

Applied For

Not Applicable

Zip

33460

Country

USA

Zip

33460

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GARRETT A. FOSTER

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

525 N. LAKE 617 LAKE AVE.

City

LAKE WORTH

FL

Zip Code

33460

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P	PRESIDENT
NAME		GARRETT A. FOSTER
STREET ADDRESS		617 LAKE AVE.
CITY-ST-ZIP		LAKE WORTH, FL 33460
TITLE	V	VICE PRESIDENT
NAME		BRIAN MURRAY
STREET ADDRESS		617 LAKE AVE.
CITY-ST-ZIP		LAKE WORTH, FL 33460
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARRETT A. FOSTER

2/21/02 561/588-9900

Date

Daytime Phone #

CR2E034B (12/01)

* ADDITIONAL OFFICER ADDED