

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081940

1. Entity Name

G. KEATING & ASSOCIATES, INC

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90097 006 \*\*\*150.00

Principal Place of Business Mailing Address  
6544 U.S. HIGHWAY 41 NORTH 6544 U.S. HIGHWAY 41 NORTH  
APOLLO BEACH FL 33572 APOLLO BEACH FL 33572-1707

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3533443

Applied For

Not Applied

Zip

Country

Zip

Country

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

KEATING, GEORGE  
6544 US HWY 41 N STE 101B  
APOLLO BEACH FL 33572

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD  
NAME KEATING, GEORGE  
STREET ADDRESS 6544 U.S. HIGHWAY 41 NORTH  
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME KEATING, DENNIS G  
STREET ADDRESS 6544 U.S. HIGHWAY 41 NORTH  
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME KEATING, CAROLE A  
STREET ADDRESS 6544 U.S. HIGHWAY 41 NORTH  
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME GONYEA, AMANDA A  
STREET ADDRESS 6544 U.S. HIGHWAY 41 NORTH  
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME MORENO, DAVID A  
STREET ADDRESS 6544 U.S. HIGHWAY 41 NORTH  
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

*George Keating* G. KEATING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 813-645-8799

Date

Daytime Phone #