

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087922

1. Entity Name

FRANK KEEN INVESTMENTS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90068 001 ***150.00

Principal Place of Business

Mailing Address

3550 U.S. 1 SOUTH
ST. AUGUSTINE FL 32086

3550 U.S. 1 SOUTH
ST. AUGUSTINE FL 32086

2. Principal Place of Business

3550 U.S. 1 SOUTH

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Augustine, FL

City & State

Zip

32086

Country

ST. Johns

Country

4. FEI Number

59-3536977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, RONALD E
501 ST. JOHNS AVENUE
PALATKA FL 32177

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)

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 DP
NAME KEEN, R F
STREET ADDRESS 3550 U.S. 1 SOUTH
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

TITLE SD
NAME CLARK, RONALD E
STREET ADDRESS 501 ST. JOHNS AVENUE
CITY-ST-ZIP PALATKA FL 32177 ☒ Delete

TITLE
NAME Kim So
STREET ADDRESS 16 Sea Oaks Dr.
CITY-ST-ZIP ST. Augustine, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-00

904-794-5101

CR2E034 (9/99)