## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 01, 2001 8:00 am Secretary of State DOCUMENT # P98000088974 SUNHAVEN HOMES OF THE KEYS, INC. 02-01-2001 90114 001 \*\*\*150.00 Principal Place of Business Mailing Address 22968 OVERSEAS HIGHWAY 22968 OVERSEAS HIGHWAY CUDJOE KEY FL 33042 CUDJOE KEY FL 33042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0885744 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLTRY, JULIA Street Address (P.O. Box Number is Not Acceptable) 701 SPANISH MAIN DR. #293 CUDJOE KEY FL 33042 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE ☐ Change ŤITLE NAME NAME HOLTRY, JULIA STREET ADDRESS STREET ADDRESS 701 SPANISH MAIN DR. #293 CITY-ST-ZIP CITY-ST-ZIP CUDJOE KEY FL 33042 [7] Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME HOLTRY, FRANK M STREET ADDRESS STREET ADDRESS 701 SPANISH MAIN DR. #293 CITY-ST-ZIP CITY-ST-ZIP CUDJOE KEY FL 33042 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE - 🗀 - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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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

CITY-ST-ZIP

Date

<u> 505 145 175 1</u>

FILED