

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90406 010 ***150.00

DOCUMENT # P98000088974

1. Entity Name
SUNHAVEN HOMES OF THE KEYS, INC.



Principal Place of Business
22968 OVERSEAS HIGHWAY
CUDJOE KEY FL 33042

Mailing Address
22968 OVERSEAS HIGHWAY
CUDJOE KEY FL 33042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0885744**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLTRY, ROBERT L
326 SAWYER DRIVE
CUDJOE KEY FL 33042

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert L Holtry

Robert L Holtry

2/5/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME HOLTRY, JULIA ☐ Delete
STREET ADDRESS 701 SPANISH MAIN DR. #293
CITY-ST-ZIP CUDJOE KEY FL 33042

TITLE **V/D**
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME HOLTRY, FRANK M ☒ Delete
STREET ADDRESS 701 SPANISH MAIN DR. #293
CITY-ST-ZIP CUDJOE KEY FL 33042

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

TITLE V-
NAME HOLTRY, ROBERT L ☐ Delete
STREET ADDRESS 326 SAWYER DRIVE
CITY-ST-ZIP CUDJOE KEY FL 33042

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

TITLE S
NAME BERNE, MICHAEL S ☐ Delete
STREET ADDRESS 29525 FLYING CLOUD AVENUE
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE S/T
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

Robert L Holtry

2-5-2003

305-745-9937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)