

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90043 041 ***150.00

DOCUMENT # P99000001355

1. Entity Name

KEENAN, BARKALOW AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

11880 N.W. 7TH ST.
 PLANTATION FL 33325

11880 N.W. 7TH ST.
 PLANTATION FL 33325-1837

2. Principal Place of Business

12550 So. Military Trail
 Suite, Apt. #, etc.
8

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bouytan Beach, Fla

City & State

Zip
33436

Country

USA

Zip

Country

4. FEI Number

65-0895239

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KEENAN, ROBERT M
11880 N.W. 7TH ST.
PLANTATION FL 33325

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
 Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KEENAN, ROBERT M JR.	
STREET ADDRESS	11880 N.W. 7TH ST.	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEENAN, MARGARET B	
STREET ADDRESS	11880 N.W. 7TH ST.	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARKALOW, RODNEY L	
STREET ADDRESS	16648 110TH AVE. NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret B. Keenan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 561-638-8411
 Date Daytime Phone #