

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017058

1. Entity Name

GOLD-KEY ENTERPRISES, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90080 036 ***150.00

Principal Place of Business

12601 SHORESIDE LANE
WELLINGTON FL 33414

Mailing Address

12601 SHORESIDE LANE
WELLINGTON FL 33414-7062

2. Principal Place of Business

2498 Windsor Way Ct.

3. Mailing Address

2498 Windsor Way Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Wellington, FL

4. FEI Number

05-0903833

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P
2081 E. OCEAN BOULEVARD
STUART FL 34996

7. Name and Address of New Registered Agent

Name Pamela S. Gohlke

Street Address (P.O. Box Number is Not Acceptable)
2498 Windsor Way Ct.

City Wellington

FL

Zip Code 33414

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

Pamela S. Gohlke

4-21-00

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 ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME William O. Gohlke
STREET ADDRESS P/C
CITY - ST - ZIP 2498 Windsor Way Ct.
Wellington, FL 33414

TITLE ☒ Change ☐ Addition
NAME Pamela S. Gohlke
STREET ADDRESS V/T/S
CITY - ST - ZIP 2498 Windsor Way Ct.
Wellington, FL 33414

TITLE ☒ Change ☐ Addition
NAME Joseph DiGiacinto
STREET ADDRESS S
CITY - ST - ZIP 235 Main St. Penthouse
White Plains, NY 10601

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

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

TITLE ☐ Change ☐ Addition
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:

Pamela S. Gohlke

Pamela S. Gohlke

4-21-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-333-3320