

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050154

1. Entity Name

KEYSTONE PROPERTIES HOLDING COMPANY, INC.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90268 040 \*\*\*150.00

Principal Place of Business

9051 TAMiami TRAIL NORTH STE. 202  
NAPLES FL 34108

Mailing Address

9051 TAMiami TRAIL NORTH STE. 202  
NAPLES FL 34108

2. Principal Place of Business

24860 Burnt Pine Dr

3. Mailing Address

24860 Burnt Pine Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

Bonita Springs FL

4. FEI Number 59-3604297

Applied For

Not Applicable

Zip  
34134

Country  
USA

Zip  
34134

Country  
USA

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

## 6. Name and Address of Current Registered Agent

FRASCO, JOHN W  
9051 TAMiami TRAIL NORTH STE. 202  
NAPLES FL 34108

## 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, 2001 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 DAVIS, PAULA J  
STREET ADDRESS 5840 14TH AVENUE NW  
CITY-ST-ZIP NAPLES FL 34119

TITLE ☐ Delete  
NAME FRASCO, JOHN W  
STREET ADDRESS 1400 N. WOODWARD - SUITE 205  
CITY-ST-ZIP BLOOMFIELD HILLS MI 48013

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  
STREET ADDRESS 6685 Bottlebrush Ln  
CITY-ST-ZIP Naples FL 34109

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)