## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V18532**

THE PERSONAL TOUCH OF THE KEYS, INC.

Principal Place of Business

Mailing Address

3700 SUNRISE LANE KEY WEST FL 33040 3700 SUNRISE LANE KEY WEST FL 33040-4540

2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0325003 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRESCHER, ALICE P Street Address (P.O. Box Number is Not Acceptable) 3700 SUNRISE LANE KEY WEST FL 33040 Zip Code City 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. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME DRESCHER, GEORGE L STREET ADDRESS STREET ADDRESS 3700 SUNRISE LANE CITY-ST-ZIP CITY-ST-ZIF KEY WEST FL 33040 ☐ Addition **EVP** ☐ Delete ☐ Change TITLE DRESCHER, ALICE P NAME STREET ADDRESS STREET ADDRESS 3700 SUNRISE LANE CITY-ST-7IP CITY-ST-ZIP KEY WEST FL ☐ Change Addition TITLE CEOS ☐ Delete TITLE NAME TEJELO, MARGARET NAME STREET ADDRESS STREET ADDRESS 68-34 FLEET ST CITY-ST-ZIP CITY-\$T-ZIP FOREST HILLS NY ☐ Change \_\_\_ Addition ☐ Delete TITLE **VCFO** TITLE NAME SULLIVAN, MILLIE NAME STREET ADDRESS STREET ADDRESS 26 PASADENA DR CITY-\$T-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 eath; 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

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE:

TITLE

NAME

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

N BABYLON NY

SIZEMORE, WESLEY

1216 ANGELA ST

KEY WEST FL

George L. Drescher

4/4/00

☐ Change

☐ Change

FILED

Apr 11, 2000 8:00 am Secretary of State

04-11-2000 90220 018 \*\*\*158.75

**535583** 

☐ Addition

Addition