

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90073 039 ***150.00

DOCUMENT # 341623

1. Entity Name
KENDALL FAMILY CORPORATION

Principal Place of Business

23600 SO. DIXIE HIGHWAY
 GOULDS FL 33170

Mailing Address

PO BOX 157
 GOULDS FL 33170

827162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13000 SW 232 ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

Goulds FL

City & State

4. FEI Number

59-1356167

Applied For

Not Applicable

Zip

Country

33170 USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAFONTISEE, LOUIS L
3121 COMMODORE PLAZA
#301
MIAMI FL 33133

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | KENDALL, JR., HAROLD E | |
| STREET ADDRESS | 23600 SO. DIXIE HIGHWAY | |
| CITY-ST-ZIP | GOULDS FL 33170 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GILMORE, MARTHA K | |
| STREET ADDRESS | 207 MIDDLE BAY RD | |
| CITY-ST-ZIP | BRUNSWICK ME 04011 | |
| TITLE | VDS | <input type="checkbox"/> Delete |
| NAME | BRADFORD, SUSAN K | |
| STREET ADDRESS | RT 2 BOX 1149 | |
| CITY-ST-ZIP | HARRISON ME 04040 | |
| 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 | | |

| | | |
|----------------|------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 13000 SW 232 ST | |
| CITY-ST-ZIP | Goulds FL 33170 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.16.00
 Date

305.258.1628
 Daytime Phone #