

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90191 001 \*\*\*\*70.00

**DOCUMENT #** 765713 ✓  
**1. Entity Name**  
 Kimberlea Condominium IV Assn, Inc

**Principal Place of Business**  
 2025 Sylvester Rd. Bldg W  
 Kimberlea  
 Lakeland, FL 33803

**Mailing Address**  
 2025 Sylvester Rd. Bldg W  
 Lakeland, FL 33803

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
 59-2364917

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~Ms. Susan Douglas~~ ~~2025 Sylvester Rd. D-4~~ ~~Lakeland, FL 33803~~

Jenkinson, Mary Jane  
 2025 Sylvester Rd. C-3  
 Lakeland, FL 33803

**7. Name and Address of New Registered Agent**

Name: Ms. Susan Douglas

Street Address (P.O. Box Number is Not Acceptable)  
 2025 Sylvester Rd. D-4

City: Lakeland, FL Zip Code: 33803

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	Co-Pres.	<input checked="" type="checkbox"/> Delete
NAME	<del>Mr. Robert Thorne</del>	
STREET ADDRESS	Mr. Don Distal	
CITY-ST-ZIP	2025 Sylvester Rd. D-1, Lakeland, FL 33803	
TITLE	Jenkinson, Mary Jane	<input checked="" type="checkbox"/> Delete
NAME	2025 Sylvester Rd. C-3	
STREET ADDRESS	Lakeland, FL 33803	
CITY-ST-ZIP		
TITLE	Starner, Robert	<input checked="" type="checkbox"/> Delete
NAME	2025 Sylvester Rd. C-5	
STREET ADDRESS	Lakeland, FL 33803	
CITY-ST-ZIP		
TITLE	Koeh, Gregory	<input checked="" type="checkbox"/> Delete
NAME	2025 Sylvester Rd. D-4	
STREET ADDRESS	Lakeland, FL 33803	
CITY-ST-ZIP		
TITLE	Robert Starner	<input checked="" type="checkbox"/> Delete
NAME	2025 Sylvester Rd. C-5	
STREET ADDRESS	Lakeland, FL 33803	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	Co-Pres	Mr. Robert Thorne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2025 Sylvester Rd. C-1	Lakeland, FL 33803	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Co. Pres	Susan Douglas	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2025 Sylvester Rd. D-4	Lakeland, FL 33803	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	SD	Terry West	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2025 Sylvester Rd. D-2	Lakeland, FL 33803	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	TD	Terry West	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2025 Sylvester Rd. D-2	Lakeland, FL 33803	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D.	Kim Miller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2025 Sylvester Rd. A-1	Lakeland, FL 33803	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	Don Distal	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2025 Sylvester Rd. D-1	Lakeland, FL 33803	
STREET ADDRESS			
CITY-ST-ZIP			

**12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Susan Douglas  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Douglas  
 Co. Pres

4-15-00 (863) 616-9373  
 Date Daytime Phone #

CR2E037 (9/99)