

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90031 005 \*\*\*150.00

**DOCUMENT # 810081**

1. Entity Name

**THE POOLE AND KENT COMPANY**

Principal Place of Business

Mailing Address

1781 NW NORTH RIVER DRIVE  
 MIAMI FL 33125

1781 NW NORTH RIVER DRIVE  
 MIAMI FL 33125-2311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-0617984**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VST	JUNG, R C	12337 PANS SPRING CT	ELLICOTT CITY MD	<input type="checkbox"/>
VPSD	STOFFREGEN, W. D	1431 AUTUNM LEAF RD	BALTIMOR MD 21286	<input type="checkbox"/>
PD	THOMAS, W W	9600 SW 92ND AVE	MIAMI, FL 00000	<input type="checkbox"/>
CEDD	JORDAN, S. C.	9530 S.W. 92ND AVENUE	MIAMI FL	<input type="checkbox"/>
D	JUNG, R C	12337 PANS SPRING CT	ELLICOTT CITY MD	<input type="checkbox"/>
VPD	CARR, P.H.	7934 S.W. TERRACE DRIVE	MIAMI FL 33189	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Executive Vice President/Sole Director	Jeffrey M. Levy	101 Merritt Seven	Norwalk CT 06851	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/Treas/Asst. Sec.	W. D. Stoffregen	4530 Hollins Ferry Road	Baltimore, MD 21227	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Senior VP	W. W. Thomas	1718 N.W. North River Drive	Miami, FL 33125	<input checked="" type="checkbox"/>	<input type="checkbox"/>
President	Steven C. Jordan	1718 N. W. North River Drive	Miami, FL 33125	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Senior VP/Sec./Asst.Treas.	R. C. Jung	4530 Hollins Ferry Road	Baltimore, MD 21227	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

02/04/00

Date

(203) 849-7800

Daytime Phone #

CR2E034 (9/99)