

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 21, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000104595**

1. Entity Name  
**KENDALL CONSULTING GROUP OF SARASOTA, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>1605 MAIN ST, STE 912<br><br>SARASOTA FL 34236 | Mailing Address<br>1605 MAIN ST, STE 912<br><br>SARASOTA FL 34236 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>566 SOUTH SPOONBILL DRIVE | 3. Mailing Address<br>566 SOUTH SPOONBILL DRIVE |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                             |

DO NOT WRITE IN THIS SPACE

|                             |                             |
|-----------------------------|-----------------------------|
| City & State<br>SARASOTA FL | City & State<br>SARASOTA FL |
| Zip<br>342361820            | Country                     |

|                                   |  |
|-----------------------------------|--|
| 4. FEI Number<br><b>65-105507</b> | Applied For<br><input type="checkbox"/>    |
|                                   | Not Applicable<br><input type="checkbox"/> |

|                  |         |                  |         |
|------------------|---------|------------------|---------|
| Zip<br>342361820 | Country | Zip<br>342361820 | Country |
|------------------|---------|------------------|---------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

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

SCOVILL H WILLIAM  
 1605 MAIN ST, STE 912  
  
 SARASOTA FL 34236

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

Name  
**RECK ROBERT HDR.**

Street Address (P.O. Box Number is Not Acceptable)  
**566 SOUTH SPOONBILL DRIVE**

City  
**SARASOTA FL** Zip Code  
**342361820**

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 **ROBERT H. RECK** DATE **01/21/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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<br>D <input type="checkbox"/> Delete | RECK JENNIFER E<br>89 PARK DR, #5<br>BOSTON MA 02215    |
| TITLE<br>D <input type="checkbox"/> Delete | RECK VIRGINIA P<br>566 S SPOONBILL<br>SARASOTA FL 34236 |
| TITLE<br>D <input type="checkbox"/> Delete | RECK IOANNA LYNN<br>97 CHESTNUT ST<br>ANDOVER MA 01810  |
| TITLE<br>D <input type="checkbox"/> Delete | RECK ROBERT H<br>566 S SPOONBILL<br>SARASOTA FL 34236   |
| TITLE<br><input type="checkbox"/> Delete   |   |
| TITLE<br><input type="checkbox"/> Delete   |   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                     |   |
|---|---|
| TITLE<br>D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | RECK VIRGINIA P<br>566 S SPOONBILL<br>SARASOTA FL 34236 |
| TITLE<br>D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   | RECK JOANNA LYNN<br>97 CHESTNUT ST<br>ANDOVER MA 01810  |
| TITLE<br>D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | RECK ROBERT H<br>566 S SPOONBILL<br>SARASOTA FL 34236   |
| TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |
| TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |

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: **ROBERT H. RECK** PRES Date **01/21/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)