

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90003 019 ***550.00

0140549 SP

DOCUMENT # P95000033713

1. Entity Name
KIF PUBLISHING, INC. ✓

Principal Place of Business 17232 SW 14TH AVE NEWBERRY FL 32669 US	Mailing Address 17232 SW 14TH AVE NEWBERRY FL 32669 US
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80062932



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12732 SW 14th Ave Suite, Apt. #, etc. Newberry FL	3. Mailing Address 12732 SW 14th Ave Suite, Apt. #, etc.
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City & State Newberry FL	4. FEI Number 59-3317349	Applied For <input type="checkbox"/> Not Applicable
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Zip 32669	Country Archova	Zip 32669	Country Archova	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FOLKEN, KATHLEEN I
9501 N.W. 27 PLACE
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

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 *Kathleen I Folken* DATE 8/28/01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	P FOLKEN, KATHLEEN I 9501 N.W. 27 PLACE GAINESVILLE FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Folkew Kathleen I 12732 SW 14th Ave Newberry FL 32669
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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: *Kathleen I Folken* DATE 8/28/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)