

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90064 023 ***150.00

DOCUMENT # P97000031548

1. Entity Name

BKCGP, INC.

Principal Place of Business

Mailing Address

P.O. BOX 220650
 HOLLYWOOD FL 33022-0650
 US

P.O. BOX 220650
 HOLLYWOOD FL 33022-0650
 US

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

65-0755584

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

SPITZER, ELLEN W
1915-A HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
Ellen W. Spitzer

Street Address (P.O. Box Number is Not Acceptable)
1850 Monroe St.

Hollywood, FL 33022-0650

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 Delete
 NAME **D KNIGHT, JOHN R**
 STREET ADDRESS **7001 SW 66TH ST**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE Change Addition
 NAME **D Knight, John R.**
 STREET ADDRESS **1850 Monroe St.**
 CITY-ST-ZIP **Hollywood, FL 33022-0650**

TITLE Delete
 NAME **D SPITZER, ELLEN W**
 STREET ADDRESS **7001 SW 66TH ST**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE Change Addition
 NAME **D Spitzer, Ellen W.**
 STREET ADDRESS **1850 Monroe St.**
 CITY-ST-ZIP **Hollywood, FL 33022-0650**

TITLE Delete
 NAME **D SPITZER, KARL**
 STREET ADDRESS **4000 SW 109TH AVE**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE Change Addition
 NAME **D Spitzer, Ellen F.**
 STREET ADDRESS **1850 Monroe St.**
 CITY-ST-ZIP **Hollywood, FL 33022-0650**

TITLE Delete
 NAME **D WEST, MARILYN A**
 STREET ADDRESS **230 DANIEL DRIVE**
 CITY-ST-ZIP **SANIBEL FL 33957**

TITLE Change Addition
 NAME **D West, Marilyn A.**
 STREET ADDRESS **1850 Monroe St.**
 CITY-ST-ZIP **Hollywood, FL 33022-0650**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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

(Signature)
 SIGNATURE OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-00

Date

954/927-6027

Daytime Phone #

CR2F034 (9/99)