

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S22889**

1. Entity Name

KAROBY, INC.

Principal Place of Business

Mailing Address

**500 S PALAFOX ST
PENSACOLA FL 32501-5959**

**500 S PALAFOX
PENSACOLA FL 32501-5959**

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 **59-3042774**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FILED

01 JUN -5 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OVERBY, KARYN S.
500-A SOUTH PALAFOX STREET
PENSACOLA FL**

Name

Suskind, Karyn S.

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

500 South Palafox St.

City

Pensacola

FL

Zip Code

32501

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

Karen S. Suskind

Karyn S. Suskind

5-25-01

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD <input type="checkbox"/> Delete
NAME	OVERBY, KARYN S.
STREET ADDRESS	2873 WHISPER LAKE DRIVE
CITY-ST-ZIP	GULF BREEZE FL
TITLE	V <input type="checkbox"/> Delete
NAME	MCWHORTER, M JOHN
STREET ADDRESS	911 BROOKSIDE CT
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suskind, Karyn S.
STREET ADDRESS	2873 Whisper Lake Drive
CITY-ST-ZIP	Gulf Breeze, FL 32561
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300004416643--4
CITY-ST-ZIP	-06/13/01--01004--016
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	***150.00
STREET ADDRESS	***150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>[Signature]</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Karen S. Suskind

Karyn S. Suskind

5-25-01