

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-25-2001 90125 024 ****61.25

DOCUMENT # 736826

1. Entity Name

KANAPAH MAINTENANCE, INC.

Principal Place of Business

5745 SW 75TH ST
~~SUITE 126~~ **PMB 126**
GAINESVILLE FL 32608

Mailing Address

5745 SW 75TH ST
~~SUITE 126~~ **PM B 126**
GAINESVILLE FL 32608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1729409

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLF, ISABEL D
5745 SW 75TH ST
~~SUITE 126~~ **PMB - 126**
GAINESVILLE FL 32608

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT**
NAME **HECKER, EMIL DIRECTOR, TREASURER** ☐ Delete
STREET ADDRESS **10118 S.W. 87TH DRIVE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS**
NAME **WOLF, ISABEL DIRECTOR, SECRETARY** ☐ Delete
STREET ADDRESS **7108 SW 97TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **KRONE, CARRIE DIRECTOR, PRESIDENT** ☐ Delete
STREET ADDRESS **7002 SW 97TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **KRONE, CARRIE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP**
NAME **TOLMACH, BOB** ☒ Delete
STREET ADDRESS **10011 S.W. 67TH DR**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **BOARD MEMBER** ☐ Change ☒ Addition
NAME **GRATD, KATHERINE DIRECTOR**
STREET ADDRESS **9719 SW 67TH DRIVE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **DVP**
NAME **PALMER, CHARLIE** ☒ Delete
STREET ADDRESS **10111 SW 67TH DR.**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **WALL, RONALD JOEL MCQUAGGE** ☒ Delete
STREET ADDRESS **7011 SW 97TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **VICE PRESIDENT DIRECTOR** ☒ Change ☐ Addition
NAME **MCQUAGGE, JOEL**
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ISABEL WOLF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 2001

Date

Daytime Phone #

CR2E037 (10/00)