

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91337 026 \*\*\*150.00

**DOCUMENT # 376473**

1. Entity Name

**KOHL'S TRANSMISSION, INC.**

Principal Place of Business 44 MILDRED DRIVE FORT MYERS, FL 33901	Mailing Address 44 MILDRED DRIVE FORT MYERS, FL 33901
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**00054075**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1318571

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

SPECHT, VICTOR J.  
504 KEENAN AVENUE  
FORT MYERS, FL 33907

Name  
**LARROW, PAUL**

Street Address (P.O. Box Number is Not Acceptable)  
**3501-302 DEL PRADO BLVD**

City  
**CAPE CORAL**

**FL**

Zip Code  
**33904**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

*PAUL L. LARROW*  
(NOTE: Registered Agent signature required when reinstating)

*4/30/01*  
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

TITLE	PVS	<input checked="" type="checkbox"/> Delete
NAME	SPECHT, VICTOR J.	
STREET ADDRESS	504 KEENAN AVENUE	
CITY - ST - ZIP	FORT MYERS, FL 33907	

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVERY, RANDY	
STREET ADDRESS	2232 VIOLET	
CITY - ST - ZIP	FORT MYERS, FL 33905	

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEYREIS, RONALD	
STREET ADDRESS	2205 NW 15TH STREET	
CITY - ST - ZIP	CAPE CORAL, FL 33993	

TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, GEORGE	
STREET ADDRESS	2321 SE 15TH TERRACE	
CITY - ST - ZIP	CAPE CORAL, FL 33990	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *George Griffin*

GEORGE GRIFFIN

04/30/01 941-936-2197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #