

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 680210

1. Entity Name

RUSSELL KERN CONSTRUCTION, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90088 010 \*\*\*150.00

Principal Place of Business

Mailing Address

509 ASCOT CT  
SEBRING FL 33870  
US

509 ASCOT CT  
SEBRING FL 33870-8064  
US

2. Principal Place of Business

1121 LAKESIDE WAY

3. Mailing Address

1121 LAKESIDE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING FLORIDA

City & State

SEBRING FLORIDA

4. FEI Number

59-2018015

Applied For

Not Applicable

Zip

33870

Country

USA

Zip

33870

Country

USA

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

KERN, RUSSELL  
~~509 ASCOT CT~~  
SEBRING FL 33870

Name

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

1121 LAKESIDE WAY

City  
SEBRING

FL

Zip Code  
33870

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 PV ☐ Delete  
NAME KERN, RUSSELL  
STREET ADDRESS 509 ASCOT CT.  
CITY-ST-ZIP SEBRING FL 33870

TITLE ☒ Change ☐ Addition  
NAME PV  
STREET ADDRESS KERN, RUSSELL  
CITY-ST-ZIP 1121 LAKESIDE WAY  
SEBRING FL 33870

TITLE ST ☐ Delete  
NAME KERN, JANICE R.  
STREET ADDRESS 509 ASCOT CT.  
CITY-ST-ZIP SEBRING FL 33870

TITLE ☒ Change ☐ Addition  
NAME ST  
STREET ADDRESS KERN, JANICE R.  
CITY-ST-ZIP 1121 LAKESIDE WAY  
SEBRING FL 33870

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

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:

*Russell Kern*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSSELL KERN

PRESIDENT 3/30/00 (863)655-4006

Date

Daytime Phone #

CR2E034 (9/99)