

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764710

1. Entity Name

KINSAIL UNIT ONE ASSOCIATION, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90096 042 ****61.25

Principal Place of Business

2640
2700 NANTUCKET LN
TALLAHASSEE FL 32308
US

Mailing Address

2640
2700 NANTUCKET LN
TALLAHASSEE FL 32308-2241
US

2. Principal Place of Business

2640 Nantucket
Suite, Apt. #, etc.

3. Mailing Address

2640 Nantucket
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3041011

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

NEUGEBAUER, STEVEN
2640 NANTUCKET LN
TALLAHASSEE FL 32308

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 PD ☐ Delete
NAME NEUGEBAUER, STEVEN
STREET ADDRESS 2640 NANTUCKET LN
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE VPD ☒ Delete
NAME POWELL, CHRIS C.
STREET ADDRESS 2055 NANTUCKET LN
CITY-ST-ZIP TALLAHASSEE FL

TITLE VP ☒ Change ☒ Addition
NAME BETH WILLIS
STREET ADDRESS 2655 NANTUCKET LN
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE SD ☐ Delete
NAME CARPENTER, VICKI LYNN
STREET ADDRESS 2651 NANTUCKET LANE
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE TD ☐ Delete
NAME SIMONS, HOMER
STREET ADDRESS 2636 NANTUCKET LANE
CITY-ST-ZIP TALLAHASSEE FL

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

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 another line empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)