

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**  
 03-24-2002 90058 018 \*\*\*\*61.25

**DOCUMENT # 764710**

1. Entity Name

**KINSAIL UNIT ONE ASSOCIATION, INC.**

Principal Place of Business

**2640 NANTUCKET  
 TALLAHASSEE FL 32308  
 US**

Mailing Address

**2640 NANTUCKET  
 TALLAHASSEE FL 32308  
 US**

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

**59-3041011**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NEUGERBAUGER, STEVEN  
 2640 NANTUCKET LN  
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Mike Ellis**  
 STREET ADDRESS **2656 Nantucket**  
 CITY-ST-ZIP **Tallahassee, Fla. 32309**

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

TITLE **TD** ☒ Change ☐ Addition  
 NAME **PAULA PETROVICH**  
 STREET ADDRESS **2613 NANTUCKET LN**  
 CITY-ST-ZIP **TALLAHASSEE FL 32309**

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

TITLE ☐ Change ☐ Addition  
 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 all other like empowered.

SIGNATURE:

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

**3/8/02**  
 Date

**668-3449**  
 Daytime Phone #

CR2E037 (9/01)