

2000 UNIFORM BUSINESS REPORT (UBR)

0014131 A

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:39

DOCUMENT # A26078

1. Entity Name
KERR PROPERTY, LTD.

Principal Place of Business: **8824 EASTHAVEN COURT NEW PORT RICHEY FL 34655**
Mailing Address: **8824 EASTHAVEN COURT NEW PORT RICHEY FL 34655-5246**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **59-2883923**
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
**DEEB, ALEX R.
8824 EASTHAVEN COURT
NEW PORT RICHEY FL 34655**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$594.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	K02692
NAME	KERR PROPERTY, INC.
STREET ADDRESS	8824 EASTHAVEN COURT
CITY - ST - ZIP	NEW PORT RICHEY FL 34655
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<i>mf 3/13/00</i>
CITY - ST - ZIP	
STREET ADDRESS	4000003169474--4
CITY - ST - ZIP	-03/14/00--01106--003 ****141.25 ****141.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Alex R Deeb*
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
ALEX R DEEB

Date: **2/23/00** Daytime Phone #: **(727)376-6831**

CR2E003 (9/99)