

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000535**

1. Entity Name

KENNEDY HOMES OF TAMPA, LTD.

FILED

00 MAR 23 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

600 W. HILLSBORO BLVD., STE 101
DEERFIELD BEACH FL 33441

Mailing Address

600 W. HILLSBORO BLVD., STE 101
DEERFIELD BEACH FL 33441-1610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0479871**

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

KENNEDY, W. BRIAN
10216 GARDEN ALCOVE DR.
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name **KENNEDY, W. BRIAN**
Street Address (P.O. Box Number is Not Acceptable)
600 W. HILLSBORO BLVD
STE 101
City **DEERFIELD BEACH** FL Zip Code **33441**

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. Capital Contributions
as Shown on record.

\$605,000.00

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 # **P94000024141**
NAME **KENNEDY TAMPA, INC.**
STREET ADDRESS **600 W. HILLSBORO BLVD., STE 101**
CITY - ST - ZIP **DEERFIELD BEACH FL 33441**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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CITY - ST - ZIP

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-04705700--01082--006
******535.00 ****535.00**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/15/00

Date

954-426-9999

Daytime Phone #

CR2E003 (9/99)