

2002 UNIFORM BUSINESS REPORT (UBR)

0015071 AT

DOCUMENT # A95000000047

1. Entity Name
KERR PLAZA, LIMITED

Principal Place of Business
2338 IMMOKALEE RD., #161
NAPLES FL 34110

Mailing Address
2338 IMMOKALEE RD., #161
NAPLES FL 34110

FILED
02 APR 29 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

4. FEI Number 65-0563000 **Applied For** ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COLLINS, JAMES E
12887 VALEWOOD DRIVE
NAPLES FL 34119

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2338 IMMOKALEE RD., #161
City NAPLES FL Zip Code 34110

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.

9. Capital Contributions as Shown on record. \$480,000.00 **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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L97000000982 KERR MANAGEMENT, LC 2338 IMMOKALEE RD., #161 NAPLES FL 34110	STREET ADDRESS CITY-ST-ZIP	600005481276-7 -05/07/02--01056--031 ***526.25 ***526.25
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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 General Partner 4/25/02 941 455 5848
Date Daytime Phone #

CR2E003 (9/01)