

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001924**

1. Entity Name

**K2 DEVELOPMENT, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

100 MAY -1 AM 10: 33



Principal Place of Business

5021 W. LAUREL ST., STE 200  
TAMPA FL 33607-3816

Mailing Address

5021 W. LAUREL ST., STE 200  
TAMPA FL 33607-3816

2. Principal Place of Business

**1715 N Westshore**

3. Mailing Address

**1715 N Westshore**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 525**

**Suite 525**

City & State

City & State

**Tampa FL**

**Tampa FL**

4. FEI Number

**59-3350383**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

**33607**

**USA**

Zip

Country

**33607**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KELLY, STEPHEN B**

**5021 W. LAUREL ST., STE 200**

**TAMPA FL 33607-3816**

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

*Stephen B Kelly*

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

**4/25/00**

DATE

9. Capital Contributions  
as Shown on record.

**\$990.00**

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 # **P95000089531**  
NAME **K2 DEVELOPMENT, INC.**  
STREET ADDRESS **5021 W. LAUREL ST., #200**  
CITY - ST - ZIP **TAMPA FL 33607**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1715 N Westshore Suite 525**  
CITY - ST - ZIP **Tampa FL 33607**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/25/00**

Date

**813 281 2831**

Daytime Phone #