

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001814**

1. Entity Name

KB PROPERTY OF NORTHWEST FLORIDA, LTD.

Principal Place of Business
**8224 PANAMA CITY BCH. PKWY.
 UNIT 178
 PANAMA CITY BCH. FL 32407**

Mailing Address
**P.O. BOX 9275
 PANAMA CITY BEACH FL 32417**

9/29/00

FILED
01 FEB -9 PM 4: 36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3404115

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENNETT, GERALD
 104 MICHELLE CT
 PANAMA CITY BCH. FL 32417**

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

9. Capital Contributions as Shown on record.

\$400.00

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 **BENNETT, GERALD**
 STREET ADDRESS **104 MICHELLE CT**
 CITY-ST-ZIP **PANAMA CITY BCH. FL 32417**

STREET ADDRESS

CITY-ST-ZIP

900003742934--7

-02/20/01--011048--005

*****1291.25 ***1291.25**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Adm - 1,000.00

AR 105.00

Aesurr 177.50

DOCUMENT #
 NAME **REINSTATEMENT 2000-2001**
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

8.75

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

(B/K)

STREET ADDRESS

CITY-ST-ZIP

1,291.25

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

COS

STREET ADDRESS

CITY-ST-ZIP

*h/mc
 2/9*

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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (5/00)