

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F34188

1. Entity Name

KIMVENCOTT, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90113 011 ***150.00

Principal Place of Business

1411 EDGEWATER DRIVE
STE. 200
ORLANDO FL 32804
US

Mailing Address

1411 EDGEWATER DRIVE
STE. 200
ORLANDO FL 32804-6361
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2162249

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

ROBERTS, ARTHUR E
250 SOUTH MAIN AVENUE
GROVELAND FL 32736

Name

Gerald C. Grennan

Street Address (P.O. Box Number is Not Acceptable)

1411 Edgewater Drive, Suite #200

City

Orlando

FL

Zip Code

32804

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 N/A - See attached death certificate

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
WILSON, KENNETH
CONCESSION 5
BOULTER, ONT., CANADA ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 20/2001
Date

Daytime Phone #

CR2E034 (9/99)

OFFICE of VITAL STATISTICS

REC 5.00
TF 1.00

97 79026

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

D.R. 1562 PAGE 1241

TYPE OR
PRINT IN
PERMANENT
BLACK INK

LOCAL FILE NO.

1. DECEASED'S NAME FIRST: Arthur MIDDLE: Ernest LAST: Roberts		2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) November 7, 1997		4. SOCIAL SECURITY NUMBER 266-36-9860	
5. AGE-Last Birthday (years) 68		5b. UNDER 1 YEAR Months: _____ Days: _____	
6. DATE OF BIRTH (Month, Day, Year) October 25, 1929		7. BIRTHPLACE (City and State or Foreign Country) Groveland, Florida	
8. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes		9. INSIDE CITY LIMITS? (Yes or No) Yes	
10. PLACE OF DEATH (Check only one: see instructions on other side) Hospital _____ ER/Outpatient _____ DOA _____ OTHER _____ Nursing Home <input checked="" type="checkbox"/> Residence _____ Other (Specify) _____			
11. FACILITY NAME (If not applicable, give street and number) 1050 S. Kansas Avenue		12. CITY, TOWN, OR LOCATION OF DEATH Groveland	
13. COUNTY OF DEATH Lake		14. DECEASED'S USUAL OCCUPATION Attorney	
15. KIND OF BUSINESS/INDUSTRY Legal		16. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	
17. SURVIVING SPOUSE (If with give married name) Marie Julia Ratliff		18. RESIDENCE—STATE Florida	
19. COUNTY Lake		20. CITY, TOWN, OR LOCATION Groveland	
21. STREET AND NUMBER 1050 S. Kansas Avenue		22. ZIP CODE 34736	
23. WAS DECEASED OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes—If yes, specify Mexican, Puerto Rican, etc.) Yes		24. RACE—American Indian, Black, white, etc. Specify White	
25. DECEASED'S EDUCATION (Specify only highest grade completed) High School		26. FATHER'S NAME (First, Middle, Last) Harvin Lester Roberts	
27. MOTHER'S NAME (First, Middle, Last) Maude Catherine Smith		28. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P. O. Box 57, Groveland, Florida 34736	
29. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Greenwood Cemetery	
31. LOCATION—City or Town, State Groveland, Florida		32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
33. LICENSE NUMBER FE 2309		34. NAME AND ADDRESS OF FACILITY Kurfiess Funeral Home 132 E. Magnolia St., Groveland, FL 34736	
35. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>[Signature]</i>		36. DATE SIGNED (Mo., Day, Yr.) November 7, 1997	
37. HOUR OF DEATH 5:46 A.M.		38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Laura S. Hair, M.D. 402A E. Dixie Avenue Leesburg, FL 34748	
39. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Laura S. Hair, M.D. 402A E. Dixie Avenue Leesburg, FL 34748		40. SIGNATURE OF REGISTRAR—SIGNATURE <i>[Signature]</i>	
41. DATE REGISTERED Nov 12, 1997		42. MEDICAL EXAMINER'S CASE # 97-0510-14-9-3	

VOID IF ALTERED OR ERASED

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

State Registrar

NOV 12 1997

WARNING:

9134041

THIS DOCUMENT IS PRINTED ON PHOTOCOPIED OR SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF
HEALTH

HRS FORM 1564 (10-96)

CERTIFICATION OF VITAL RECORD

