

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90113 001 \*\*\*150.00

**DOCUMENT # F93000002624**

1. Entity Name

**KARP DEVELOPMENT COMPANY, INC.**

Principal Place of Business

**130 SUNRISE AVE  
514 W  
PALM BEACH FL 33480  
US**

Mailing Address

**130 SUNRISE AVE  
514 W  
PALM BEACH FL 33480  
US**

**00009611**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**44 COCONUT ROW  
Suite, Apt. #, etc.  
118B**

3. Mailing Address

**44 COCONUT ROW  
Suite, Apt. #, etc.  
118B**

City & State

**Palm Beach FL**

City & State

**Palm Beach F**

4. FEI Number

**13-3397749**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KARP, RICHARD M  
130 SUNRISE AVE  
#514 W  
HIGHLAND BEACH FL 33487**

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. 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, 2001 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	<b>P KARP, JANE 130 SUNRISE AVE., #514W PALM BEACH FL 33480</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP KARP, RICHARD 130 SUNRISE AVE., #514 W PALM BEACH FL 33480</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>44 COCONUT ROW PALM BEACH FL 33480</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>44 COCONUT ROW PALM BEACH FL 33480</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**JANE KARP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)