

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 11, 2000 8:00 am
Secretary of State

03-22-2000 90089 048 ***150.00

DOCUMENT # F95000002603

1. Entity Name

ROGER P. KENNEDY GENERAL CONTRACTOR INC.

Principal Place of Business

79 HAMMOND LANE
 PLATTSBURGH NY 12901

Mailing Address

79 HAMMOND LANE
 PLATTSBURGH NY 12901-2008

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

14-1268708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, ROGER B JR *VICE PRES.*
 633 N LONGVIEW PL
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name **Roger B Kennedy** *PRES/SECT/TREAS*
 Street Address (P.O. Box Number is Not Acceptable)
 5000 Royal Marco Way #532
 City **Marco Island** **FL** Zip Code **34145**

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, 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

TITLE	PC	<input type="checkbox"/> Delete
NAME	KENNEDY, ROGER B	<i>PRES. / SECT / TREAS.</i>
STREET ADDRESS	5000 ROYAL MARCO WAY, #532	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHANNELL, KENNETH J	
STREET ADDRESS	69 ADIRONDACK LANE	
CITY-ST-ZIP	PLATTSBURGH NY 12901	
TITLE	TC	<input checked="" type="checkbox"/> Delete
NAME	GUGLIEMO, JUDY	
STREET ADDRESS	88 FOURTH HOLE DRIVE	
CITY-ST-ZIP	PLATTSBURGH NY 12901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ROGER B KENNEDY, JR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	633 N. LONGVIEW PL	<i>VICE PRES.</i>
STREET ADDRESS	LONGWOOD, FL 32779	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Roger B Kennedy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00

941-642-1998

Date

Daytime Phone #

CR2E034 (9/99)