

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90107 023 ***150.00

839599



DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000002676

1. Entity Name
KGI PORT ROYAL, INC.

Principal Place of Business Mailing Address
1781 PARK CENTER DR **1781 PARK CENTER DRIVE**
ORLANDO FL 32835 **ORLANDO FL 32835-6210**
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 **57-0982616** 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 _____ (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	PD	<input checked="" type="checkbox"/> Delete	TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, L. STEVEN		NAME	T. Lincoln Morison	
STREET ADDRESS	1781 PARK CENTER DRIVE		STREET ADDRESS	1781 Park Center Drive	
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP	Orlando, FL 32835	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODMAN, RICHARD		NAME	Sandra K. Michel	
STREET ADDRESS	1781 PARK CENTER DRIVE		STREET ADDRESS	1781 Park Center Drive	
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP	Orlando, FL 32835	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, THOMAS A		NAME	Carol W. Sullivan	
STREET ADDRESS	1781 PARK CENTER DRIVE		STREET ADDRESS	9921 Covington Cross Drive	
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP	Las Vegas, NV 89144	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Thomas A. Bell 4/28/00 (407) 532-1000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Thomas A. Bell, Secretary

CR2E034 (9/99)