

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000228

1. Entity Name

JOHN A. KENNEDY & ASSOCIATES, INC.

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

06-26-2001 90004 039 \*\*\*550.00

A0074762



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7928 OAK GROVE CIRCLE SARASOTA FL 34243		Mailing Address 7928 OAK GROVE CIRCLE SARASOTA FL 34243	
2. Principal Place of Business 7678 Old Route 301 Blvd. Suite, Apt. #, etc.		3. Mailing Address 7678 Old Route 301 Blvd. Suite, Apt. #, etc.	
City & State Sarasota, FL Zip 34243 Country USA		City & State Sarasota, FL Zip 34243 Country USA	
4. FEI Number 36-2327182		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KENNEDY, PATRICK M 7928 OAK GROVE CIRCLE SARASOTA FL 34243			
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		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. <input type="checkbox"/> \$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	DCPV KENNEDY, PATRICK M 7928 OAK GROVE CIRCLE SARASOTA FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KENNEDY, PATRICK M 7928 OAK GROVE CIRCLE SARASOTA FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Patrick M. Kennedy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-351-6409

CR2E034 (10/00)