

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005428

1. Entity Name

MEGAN PROPERTIES MANAGEMENT, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90025 015 ***558.75

Principal Place of Business

11936 WEST 119TH STREET #358
OVERLAND PARK KS 66213

Mailing Address

11936 WEST 119TH STREET #358
OVERLAND PARK KS 66213

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

74-2813789

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELCH, DELORIS D
9250 SW 32ND AVE RD
OCALA FL 34476

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 \$550.00 + \$8.75
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME MADDOCK, GARY L
STREET ADDRESS 11936 WEST 119TH STREET #358
CITY-ST-ZIP OVERLAND PARK KS 66213

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VS
NAME WELCH, DELORIS
STREET ADDRESS 9250 SW 32ND AVE RD
CITY-ST-ZIP Ocala FL 34476

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV
NAME KENNEDY, CHARLES W
STREET ADDRESS 1835 SW COLLINS AVE
CITY-ST-ZIP TOPEKA KS 66604

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

Charles W Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-00
Date

785-271-6035
Daytime Phone #

CR2E034 (5/00)