

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000002735**

1. Entity Name

KAY-CO. INVESTMENTS, INC.**FILED****Apr 27, 2000 8:00 am**
Secretary of State

04-27-2000 90111 047 ***150.00

Principal Place of Business

Mailing Address

67 LEVERONI COURT
NOVATO CA 94949**67 LEVERONI COURT**
NOVATO CA 94949-5721

2. Principal Place of Business

3. Mailing Address

68 Leveroni Court**68 Leveroni Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Novato, CA**Novato, CA**

Zip

Country

Zip

Country

94949**U.S.A.****94949****U.S.A.**

4. FEI Number

68-0264176

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

COLEMAN, RUSSELL D
1747 INDEPENDENCE BLVD.
SUITE E-13 & 14
SARASOTA FL 34234**15 South Blvd. of**
the Presidents
SARASOTA, FL 34236

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

15 South Boulevard of the Presidents

City

Sarasota**FL**

Zip Code

34236

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.

Russell D. Coleman

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/009. 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 State10. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
CDPS
COLEMAN, KAY M
160 FAIRWAY DRIVE
NOVATO CA 94949TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
WVD
CONKLIN, BRUCE S
535 POINT SAN PEDRO ROAD
SAN RAFAEL CA 94901TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
535 San Pedro CoveTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NAVONE, MICHAEL A
25 SEQUAOI DRIVE
SAN ANSELMO CA 94960TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
25 Sequoia DriveTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOWE, THOMAS W
813 ALBATROSS DRIVE
NOVATO CA 94945TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
V/DTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
T
COLEMAN, KAY
38 PORTO BELLO
SAN RAFAEL CA 94901TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
V/T
James A. SweetTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce S. Conklin

Date

Daytime Phone #

415-884-4490