

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 13, 2000 8:00 am  
Secretary of State

07-13-2000 90021 022 \*\*\*550.00

DOCUMENT # F99000003966

1. Entity Name

THORN BROOK, A.G.

Principal Place of Business

1951 BOMAR DRIVE  
OYSTER BAY BUILDING  
NORTH PALM BEACH FL 33408

Mailing Address

1951 BOMAR DRIVE  
OYSTER BAY BUILDING  
NORTH PALM BEACH FL 33408

Thorn Brook Bldg.  
119 Clipper Lane  
Jupiter, FL 33477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

119 Clipper Lane  
Thorn Brook Bldg.  
Jupiter, FL  
33477 USA

3. Mailing Address

119 Clipper Lane  
Thorn Brook Bldg.  
Jupiter, FL  
33477 USA

4. FEI Number

52-2169503

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KEHLE, A.G. III  
1951 BOMAR DRIVE  
OYSTER BAY BUILDING  
NORTH PALM BEACH FL 33408

Thorn Brook Bldg.  
119 Clipper Lane  
Jupiter, FL 33477

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

*Ken Managing Director*

7/5/2000

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  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	CDPT	<input type="checkbox"/> Delete
NAME	KEHLE, A.G. III	
STREET ADDRESS	1951 BOMAR DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONAHUE, STUART	
STREET ADDRESS	WOOD CENTRE ERIAS HILL RD.	
CITY-ST-ZIP	ST. JOHNS, ANTIGUA, WI	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KEHLE, S.	
STREET ADDRESS	1951 BOMAR DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
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	KEHLE III Managing Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	119 Clipper Lane	
STREET ADDRESS	Jupiter, FL 33477	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ken Managing Director*

Date

7/5/2000

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR