

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2000 08:00 AM
Secretary of State

DOCUMENT # F99000004748

1. Entity Name
KTF! FOUNDATION INC.

Principal Place of Business

4961 NW 72 TERRACE

LAUDERHILL
33319

FL

Mailing Address

4961 NW 72 TERRACE

LAUDERHILL
33319

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4904 HILDRETH LANE

Suite, Apt. #, etc.

City & State

STOCKTON

CA

Zip

95212

Country

4. FEI Number

72-1428667

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HONSINGER PAMELA L
4961 NW 72 TERRACE

LAUDERHILL
33319

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

02/16/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE VS ☐ Delete
NAME TEPPERMAN BARRY S
STREET ADDRESS 4961 NW 72 TERRACE
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE PT ☐ Delete
NAME HONSINGER PAMELA
STREET ADDRESS 4961 NW 72 TERRACE
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.