

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90085 045 \*\*\*150.00

**DOCUMENT # F99005**

1. Entity Name

**KESTER BROTHERS REALTY, INC.**

Principal Place of Business

Mailing Address

**1500 EAST ATLANTIC BLVD.  
% RICHARD ROTH  
POMPANO BEACH FL 33060****1500 EAST ATLANTIC BLVD.  
% RICHARD ROTH  
POMPANO BEACH FL 33060-6769**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2227985**

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

**ROTH, RICHARD  
1500 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33060**

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 \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	KESTER, FAY S.	NAME	
STREET ADDRESS	3001 NE 27 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	KESTER, STEWART R, JR	NAME	
STREET ADDRESS	619 E ATLANTIC BLVD.	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	KESTER, MARCIA	NAME	
STREET ADDRESS	619 E. ATLANTIC BLVD.	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

CR2E034 (9/99)