

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99005

1. Entity Name

KESTER BROTHERS REALTY, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90144 034 \*\*\*150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

619 E. ATLANTIC BLVD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 91

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33060

Country

Zip

33061

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

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

7. Name and Address of New Registered Agent

Name

STEWART R. KESTER, JR

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

619 East Atlantic Blvd

City

POMPANO BEACH

FL

Zip Code

33060

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

STEWART R. KESTER, JR

(NOTE: Registered Agent signature required when reappointing)

DATE

4/19/01

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, 2001 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

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | PD                    | <input type="checkbox"/> Delete            |
| NAME           | KESTER, FAY S.        |  |
| STREET ADDRESS | 3001 NE 27 AVENUE     |  |
| CITY-ST-ZIP    | LIGHTHOUSE PT. FL     |  |
| TITLE          | VD                    | <input type="checkbox"/> Delete            |
| NAME           | KESTER, STEWART R, JR |  |
| STREET ADDRESS | 619 E ATLANTIC BLVD.  |  |
| CITY-ST-ZIP    | POMPANO BCH, FL 00000 |  |
| TITLE          | STD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | KESTER, MARCIA        |  |
| STREET ADDRESS | 619 E. ATLANTIC BLVD. |  |
| CITY-ST-ZIP    | POMPANO BEACH FL      |  |
| 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          | <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    |   |
| 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:

STEWART R. KESTER, JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

954 943-0876

Daytime Phone #

CR2E034 (10/00)