

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G72316

1. Entity Name

KNIGHT COMMERCE CENTRE, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90091 010 ***150.00

Principal Place of Business

Mailing Address

4770 NW BOCA RATON BLVD
STE C
BOCA RATON FL 33431

4770 NW BOCA RATON BLVD
STE C
BOCA RATON FL 33431-4807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2368935

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

KNIGHT, WILLIAM L
2255 GLADES ROAD
SUITE 219A
BOCA RATON FL 33431

Name

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

4770 NW Boca Raton Blvd. #C

City Boca Raton

FL

Zip Code 33431

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

TITLE DPC
NAME KNIGHT, WILLIAM L
STREET ADDRESS 2255 GLADES ROAD #219A
CITY-ST-ZIP BOCA RATON, FL 00000 ☐ Delete

TITLE VP
NAME SCHREIBER, MARK
STREET ADDRESS 2255 GLADES ROAD SUITE #219-A
CITY-ST-ZIP BOCA RATON FL 33431 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE Secretary
NAME ALMES, JANE C
STREET ADDRESS 4770 NW Boca Raton Blvd. #C
CITY-ST-ZIP Boca Raton, FL 33431 ☐ Change ☒ Addition

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

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

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

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 #

CR2E014 (1/98)