

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G89792

1. Entity Name

KEMPER DIVERSIFIED SERVICES, INC. (K D S)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90084 027 ***158.75

Principal Place of Business

4312 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34428
US

Mailing Address

4312 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34428-6381

2. Principal Place of Business

4312 N Suncoast Blvd
Suite, Apt. #, etc.

3. Mailing Address

4312 N Suncoast Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Crystal River, FL

City & State

Crystal River, FL

4. FEI Number

59-2422080

Applied For

Not Applicable

Zip

Country

34428 US

Zip

Country

34428 US

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

KEMPER, FRANCES A.
4312 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34428

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PDS
KEMPER, FRANCES A.
4312 N. SUNCOAST BLVD.
CRYSTAL RIVER FL 34428

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KEMPER, FRANCES A
4312 N SUNCOAST BLVD
CRYSTAL RIVER FL

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

Frances A Kemper, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANCES A KEMPER

4-4-00

Date

(352) 563-2550

Daytime Phone #

CR2E034 (9/99)