

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H24175

1. Entity Name

KNK INVESTMENTS OF SARASOTA, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90024 036 ***150.00

Principal Place of Business

Mailing Address

C/O JEFFERSON, R. RIDDELL
3400 S. TAMiami TRAIL, SUITE 202
SARASOTA FL 34239
US

C/O JEFFERSON, F. RIDDELL
3400 S. TAMiami TRAIL, SUITE 202
SARASOTA FL 34239-6093
US

2. Principal Place of Business

7804 N. TAMiami TRL

3. Mailing Address

% CPA Associates, PA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1301 6th Ave W, Ste 600

City & State

Sarasota FL

City & State

Bradenton FL

Zip

34243

Country

manatee

Zip

34205

Country

manatee

4. FEI Number

59-2454244

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

RIDDELL, JEFFERSON F
3400 S. TAMiami TRAIL
SUITE 202
SARASOTA FL 34239

Name

Stam Stathis

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

1301 6th Ave W, Ste 600

City

Bradenton

FL

Zip Code

34205

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

STAM W. STATHIS

2/15/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
MCMAHON, THOMAS
7804 KENRIDGE
ST. LOUIS MO ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Thomas McMahon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2000

Date

314 409 2733

Daytime Phone #

CR2E034 (9/99)