

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90027 016 ***150.00

DOCUMENT # H27059

1. Entity Name
KATIE'S WEKIVA RIVER LANDING, INC.

Principal Place of Business

~~190 KATIES COVE~~
~~SANFORD FL 32771~~ **N/A**

Mailing Address

~~190 KATIES COVE~~ **250 BETSY RUN**
~~SANFORD FL 32771~~ **LONGWOOD, FL 32779**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 BETSY RUN
 Suite, Apt. #, etc.

3. Mailing Address

250 BETSY RUN, LONGWOOD, FL
 Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

FL 32779

4. FEI Number

59-2309752

Applied For

☒ Not Applicable

Zip

32779

Country

SEMINOLE

Zip

32779

Country

SEMINOLE

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MONCRIEF, KATHLEEN K.
190 KATIES COVE
SANFORD FL 32771

7. Name and Address of New Registered Agent

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, 2002 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** ☐ Delete
 NAME **MONCRIEF, KATHLEEN K.**
 STREET ADDRESS **250 BETSY RUN**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE **ST** ☐ Delete
 NAME **MONCRIEF, RUSSELL**
 STREET ADDRESS **250 BETSY RUN**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-02 407-862-5432

CR2E034 (9/01)