

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90250 025 ***150.00

DOCUMENT # J85060

1. Entity Name

KEMPER BUILDING COMPANY, INC.

Principal Place of Business

**202 N.E. FLAX TERRACE
 JENSEN BEACH FL 34957**

Mailing Address

**202 N.E. FLAX TERRACE
 JENSEN BEACH FL 34957**

2. Principal Place of Business

5126 SE FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Address

5126 SE FEDERAL HWY

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

Zip

34997

Country

USA

Zip

34997

Country

USA

4. FEI Number

59-2840645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KEMPER, ROBERT J.
 202 N.E. FLAX TERRACE
 JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent

Name

ROBERT J. KEMPER

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

793 SW BALMORAL TRACE

City

STUART

Zip Code

34997

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

Robert J. Kemper

ROBERT J. KEMPER, V. PRES & TREAS.

4-19-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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, 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	VTD	<input type="checkbox"/> Delete
NAME	KEMPER, ROBERT J.	
STREET ADDRESS	202 N.E. FLAX TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEMPER, HAZEL ANN	
STREET ADDRESS	202 N.E. FLAX TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KEMPER, THOMAS E.	
STREET ADDRESS	579 SE MEADOW WY	
CITY-ST-ZIP	STUART FL 34997	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	793 SW BALMORAL TRACE	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	793 SW BALMORAL TRACE	
CITY-ST-ZIP	STUART, FL 34997	
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:

Robert J. Kemper

ROBERT J. KEMPER

4-19-01

561-288-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)