

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90035 039 \*\*\*150.00

**DOCUMENT # K02039**

1. Entity Name  
**K.D.F., INC.**

Principal Place of Business

**505 S. FLAGLER DR.  
 STE 300  
 WEST PALM BEACH FL 33401  
 US**

Mailing Address

**505 S. FLAGLER DR.  
 STE 300  
 WEST PALM BEACH FL 33401  
 US**

00018712



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0016939**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**CHOPIN, L. FRANK  
 440 ROYAL PALM WAY  
 STE 200  
 PALM BEACH FL 33480**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**505 S. Flagler Drive**  
**Suite 300**  
 City **West Palm Beach** FL Zip Code **33401**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **FORD, KATHLEEN D.**  
 STREET ADDRESS **440 ROYAL PALM WAY, SUITE 200**  
 CITY-ST-ZIP **PALM BEACH FL 33480-4179**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **FORD, KATHLEEN D.**  
 STREET ADDRESS **505 S. FLAGLER DRIVE, SUITE 300**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **SD** ☐ Delete  
 NAME **CHOPIN, L. FRANK**  
 STREET ADDRESS **440 ROYAL PALM WAY, STE 200**  
 CITY-ST-ZIP **PALM BEACH FL**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **CHOPIN, L. FRANK**  
 STREET ADDRESS **505 S. FLAGLER DRIVE, SUITE 300**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete  
 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 changes empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/01**  
 Date

**561-655-9500**  
 Daytime Phone #

CR2E034 (10/00)