

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90113 009 \*\*\*150.00

**925292**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # K02692**

1. Entity Name  
**KERR PROPERTY, INC.**

Principal Place of Business <b>9020 RANCHO DEL RIO DRIVE, SUITE 128          NEW PORT RICHEY FL 34655          US</b>	Mailing Address <b>9020 RANCHO DEL RIO DRIVE, SUITE 128          NEW PORT RICHEY FL 34655          US</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>59-2862016</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DEEB, ALEX R  
 9020 RANCHO DEL RIO DRIVE, SUITE 125  
 NEW PORT RICHEY FL 34655**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	DEEB, ALEX R	8824 EASTHAVEN CT.	NEW PORT RICHEY FL 34655	<input type="checkbox"/>
VD	DEMETREE, WILLIAM C	8824 EASTHAVEN CT.	NEW PORT RICHEY FL 34655	<input type="checkbox"/>
D	DEMETREE, JACK C.	8824 EASTHAVEN CT.	NEW PORT RICHEY FL 34655	<input type="checkbox"/>
VT	DEEB, RICHARD G	8824 EASTHAVEN CT.	NEW PORT RICHEY FL 34655	<input type="checkbox"/>
S	CARUSO, DOROTHEA R	8824 EASTHAVEN CT.	NEW PORT RICHEY FL 34655	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		9020 Rancho Del Rio Dr., Ste 128	New Port Richey, FL 34655	<input type="checkbox"/>	<input type="checkbox"/>
		9020 Rancho Del Rio Dr. Ste. 128	New Port Richey, FL 34655	<input type="checkbox"/>	<input type="checkbox"/>
		9020 Rancho Del Rio Dr., Ste. 128	New Port Richey, FL 34655	<input type="checkbox"/>	<input type="checkbox"/>
		9020 Rancho Del Rio Dr., Ste. 128	New Port Richey, FL 34655	<input type="checkbox"/>	<input type="checkbox"/>
		9020 Rancho Del Rio Dr., Ste. 128	New Port Richey, FL 34655	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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 #

CR2E034 (10/00)