

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90071 047 \*\*\*158.75

**DOCUMENT # K38297**

1. Entity Name

**K E M I R O N I N C.**

Principal Place of Business

Mailing Address

**316 BARTOW AIRPORT  
 BARTOW FL 33830**

**316 BARTOW AIRPORT  
 BARTOW FL 33830**

**913754**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-2559926**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRITT, DANIEL L  
 316 BARTOW MUNICIPAL AIRPORT  
 BARTOW FL 33830**

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, 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 **P** ☐ Delete  
 NAME **HJERSTED, LAWRENCE N.**  
 STREET ADDRESS **625 PENINSULAR DR**  
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ Delete  
 NAME **SCHRIEBER, BOB**  
 STREET ADDRESS **271 WOLFER DRIVE**  
 CITY-ST-ZIP **ST. LOUIS MO 63026**

TITLE **D** ☐ Delete  
 NAME **HJERSTED, NORMAN**  
 STREET ADDRESS **3211 CLINTON PKWY SOURT STE 1**  
 CITY-ST-ZIP **LAWRENCE KS 66047**

TITLE **D** ☐ Delete  
 NAME **BRANDSTETTER, HUGO**  
 STREET ADDRESS **1800 N CLARK**  
 CITY-ST-ZIP **CHICAGO IL 60614**

TITLE **T** ☐ Delete  
 NAME **BRITT, DANIEL**  
 STREET ADDRESS **406 ANDERSON DR**  
 CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE **S** ☐ Delete  
 NAME **MARKER, JOHN P**  
 STREET ADDRESS **543 PENINSULAR DR**  
 CITY-ST-ZIP **LAKELAND FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **316 BARTOW MUNICIPAL AIRPORT**  
 CITY-ST-ZIP **BARTOW, FL 33830-8727**

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

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME **S**  
 STREET ADDRESS **MARKER, JOHN P.**  
 CITY-ST-ZIP **316 BARTOW MUNICIPAL AIRPORT  
 BARTOW, FL 33830-8727**

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: DANIEL L. BRITT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/2000 (863) 5335990**  
 Date Daytime Phone #