

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K41087

1. Entity Name  
K & K CENTRAL FLORIDA INVESTMENT, INC.

Principal Place of Business  
7646 W IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34746  
US

Mailing Address  
200 EAST ROBINSON STREET, SUITE 865  
ORLANDO FL 32801-1945

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P. O. Box 608557

Suite, Apt. #, etc.

City & State

City & State  
Orlando, FL

Zip

Country

Zip  
3286908557

Country  
USA

4. FEI Number 59-2979646

Applied For

Not Applicable

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

O'NEILL, BERNARD C JR,ESQ  
200 EAST ROBINSON STREET, SUITE 865  
ORLANDO FL 32801

Name  
Bernard C. O'Neill, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
2699 Lee Road  
Suite 320  
City  
Winter Park FL Zip Code  
32789

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 *B. O'Neill*

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

(NOTE: Registered Agent signature required when reinstating)

3/19/01  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BATTILA, MOHAMMED F  
PO BOX 421060  
KISSIMMEE FL 34742-1060 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 #

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90196 008 \*\*\*150.00

00053293



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)