

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K43965**

1. Entity Name

OBG PROPERTIES, INC.**FILED****Apr 12, 2000 8:00 am**
Secretary of State

04-12-2000 90016 006 ***150.00

Principal Place of Business

Mailing Address

**C/O JOHN F. KILEY
38829 BERCHFIELD ROAD
LADY LAKE FL 32159****C/O JOHN F. KILEY
38829 BERCHFIELD ROAD
LADY LAKE FL 32159-3901****C0057795**

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 **59-2923114**

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

**KILEY, JUDITH E.
38829 BERCHFIELD ROAD
LADY LAKE FL 32159**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DS	KILEY, JOHN F.	38829 BERCHFIELD ROAD	LADY LAKE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PTD	KILEY, JUDITH E.	38829 BERCHFIELD ROAD	LADY LAKE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	ALFEI, MAT	16513 ANCHOR WAY	JAMAICA BEACH TX 77554	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<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 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:

Judith E. Kiley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-5-00 352-753-1384
Daytime Phone #

CR2E034 (9/99)