

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90507 023 \*\*\*150.00

0091825 AV

**DOCUMENT # K85587**

1. Entity Name  
**KDS PROPERTIES, INC.**



Principal Place of Business  
**505 WEKIVA SPRINGS RD., SUITE 800  
LONGWOOD FL 32779**

Mailing Address  
**505 WEKIVA SPRINGS RD., SUITE 800  
LONGWOOD FL 32779**



2. Principal Place of Business  
**320 W. Sabal Palm Place**

3. Mailing Address  
**320 W. Sabal Palm Place**

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.  
**Suite 200**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Longwood, Florida**

City & State  
**Longwood, Florida**

4. FEI Number **59-2948749**

Applied For  
Not Applicable

Zip Country  
**32779**

Zip Country  
**32779**

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**

**KEIDAISH, PHILIP F., JR.  
505 WEKIVA SPRINGS RD.  
SUITE 800  
LONGWOOD FL 32779**

Name  
**Philip F. Keidaish, Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**320 W. Sabal Palm Place  
Suite 200**  
City **Longwood** FL Zip Code **32779**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/24/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **KEIDAISH, PHILIP F., JR.**  
STREET ADDRESS **505 WEKIVA SPRGS RD, #800**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ Change ☐ Addition  
NAME **Philip F. Keidaish, Jr.**  
STREET ADDRESS **320 W. Sabal Palm Place**  
CITY-ST-ZIP **Longwood, Florida 32779**

TITLE **D** ☐ Delete  
NAME **DELLORUSSO, ROBERT G.**  
STREET ADDRESS **505 WEKIVA SPRGS RD, #800**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ Change ☐ Addition  
NAME **Robert G. Dello Russo**  
STREET ADDRESS **320 W. Sabal Palm Place Suite 200**  
CITY-ST-ZIP **Longwood, Florida 32779**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)