

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K86338

1. Entity Name

KELLY DEVELOPMENT GROUP, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90330 045 \*\*\*150.00

Principal Place of Business

839 EAST PARK AVE  
STE C  
TALLAHASSEE FL 32301

Mailing Address

839 EAST PARK AVE  
STE C  
TALLAHASSEE FL 32301-0402

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

59-2957260

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

KELLY, RUSSELL J  
839 EAST PARK AVE  
STE C  
TALLAHASSEE FL 32301

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	DP	<input type="checkbox"/> Delete
NAME	KELLY, RUSSELL J	
STREET ADDRESS	3749 SHAMROCK WEST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	KELLY, CATHERINE M	
STREET ADDRESS	3749 SHAMROCK WEST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ISHAM, CAROLINE M	
STREET ADDRESS	1131 RED OAK COVE	
CITY-ST-ZIP	TUCKER GA 30084	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KELLY, CATHERINE M	
STREET ADDRESS	1131 RED OAK COVE	
CITY-ST-ZIP	ATLANTA GA 30306	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KELLY, ERIN	
STREET ADDRESS	910 VIRGINIA AVE NE	
CITY-ST-ZIP	ATLANTA GA 30306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*RUSSELL J. KELLY*

RUSSELL J. KELLY, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)