

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90674 030 ***158.75

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DOCUMENT # K92956

1. Entity Name
GEORGE KAPLER HOMES, INC.

Principal Place of Business
2801 N NINTH ST
SAINT AUGUSTINE, FL 32084
US

Mailing Address
3501-B N. PONCE DE LEON BLVD
PMB 367
SAINT AUGUSTINE FL 32084



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 **59-2966568**

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

KAPLER, GEORGE
2801 NORTH NINTH STREET
ST. AUGUSTINE FL 32085

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code **32084**

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, 2002 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	KAPLER, GEORGE	
STREET ADDRESS	3501-B N PONCE DE LEON BLVD, STE #367	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROY, GLYNDA	
STREET ADDRESS	540 WOOD CHASE DR	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROY, GLYNDA	
STREET ADDRESS	540 WOOD CHASE DR	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOLAN, DAVID W	
STREET ADDRESS	PMB 367, 3501-B N PONCE DE LEON BLVD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: _____

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Kapler

4-2-02

904-819-0300

Date

Daytime Phone #

CR2E034 (9/01)