

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0022599

DOCUMENT # L00000000103

1. Entity Name
KDC HOLDINGS OF FLORIDA, LLC



FILED

03 NOV 21 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

500 BROADWAY STREET
BERLIN PA 15530

Mailing Address

500 BROADWAY STREET
BERLIN PA 15530

BKL



☐ CHECK HERE IF MAKING CHANGES

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 59-3655371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASEY, PATRICK B CPA J.D., CPA
9240 BONITA BEACH RD., STE. 2209
BONITA SPRINGS FL 34135

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/17/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BITTNER, KIM
STREET ADDRESS 123 AIKEN AVENUE
CITY-ST-ZIP SOMERSET PA 15501

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100023958521
CITY-ST-ZIP 10/21/03--01011--004 **50.00

TITLE MGRM ☐ Delete
NAME PENTRACK, DAVID
STREET ADDRESS 617 WALTERS AVENUE
CITY-ST-ZIP JOHNSTOWN PA 15904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100023958521
CITY-ST-ZIP 11/21/03--01008--005 **100.00

TITLE MGRM ☐ Delete
NAME BITTNER, R. CRAIG
STREET ADDRESS 165 WESTRIDGE ROAD
CITY-ST-ZIP SOMERSET PA 15501

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/13/03 184-2674122

CR2E083 (4/03)