

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90359 023 \*\*\*\*50.00

**DOCUMENT # L00000003866**

1. Entity Name  
**KIWI INVESTMENTS, LLC**

Principal Place of Business

**1217 E AVENUE SOUTH  
 SUITE 301  
 SARASOTA FL 34239**

Mailing Address

**1217 E AVENUE SOUTH  
 SUITE 301  
 SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1010957**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DART, JOHN M  
 RUDEN MCCLOSKEY SMITH SCHUSTER & RUSSELL PA  
 1549 RINGLING BLVD SUITE 600  
 SARASOTA FL 34236**

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **LOEWE, CHARLES MD**  
 CITY-ST-ZIP **1217 E AVE SOUTH, STE 301  
 SARASOTA FL 34239**

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

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **BODII, CYRUS MD**  
 CITY-ST-ZIP **1217 E AVE SOUTH, STE 301  
 SARASOTA FL 34239**

TITLE ☒ Change ☐ Addition  
 NAME **Bodii, Cyrus MD**  
 STREET ADDRESS  
 CITY-ST-ZIP **Mississippi**

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **HOWELL, B. JASON**  
 CITY-ST-ZIP **8345 BLUFFVIEW WAY  
 COLORADO SPRINGS CO 80919**

TITLE ☒ Change ☐ Addition  
 NAME **HARWELL, B. JASON**  
 STREET ADDRESS  
 CITY-ST-ZIP **Mississippi**

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  
 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**  
**B. Jason Howell**

01/18/02

719/592-1473

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

Date

Daytime Phone #

CR2E083 (9/01)