

2002 UNIFORM BUSINESS REPORT (UBR)

0029886

DOCUMENT # **LO1000020348**

1. Entity Name

KBC ENTERPRISES, L.L.C.

FILED

02 JUN 17 PM 4:42

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MJH



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**13025 KIRBY SMITH ROAD
ORLANDO FL 32832-6130**

Mailing Address

**13025 KIRBY SMITH ROAD
ORLANDO FL 32832-6130**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0426493

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

**CRAWFORD, KATHLEEN B
13025 KIRBY SMITH ROAD
ORLANDO FL 32832-6130**

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**

**800005449668--4
-05/03/02--01048--006
*****350.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**KATHLEEN B. Crawford MGRM
13025 Kirby Smith Rd
Orlando FL 32832**

☐ Delete

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

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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 #

4/25/02

CR2E083 (9/01)