

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05458

1. Entity Name

K-R OF NAPLES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90156 002 ***158.75

Principal Place of Business

Mailing Address

1993 41ST TER SW
NAPLES FL 33999
US

1993 41ST TER SW
NAPLES FL 34116-6023
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0140035

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip

34116

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOENNING, GEORGE A
19581 CYPRESS WAY
MIAMI FL 33015

Name

Elaine N. Rock

Street Address (P.O. Box Number is Not Acceptable)

1993 41st Terrace S. W.

City

Naples

FL

Zip Code

34116

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

Elaine N. Rock

(NOTE: Registered Agent signature required when reinstating)

4-26-00

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 P ☐ Delete
NAME KOENNING, GEORGE A.
STREET ADDRESS 19581 CYPRESS WAY
CITY-ST-ZIP MIAMI FL

TITLE P ☒ Change ☐ Addition
NAME Koenning, George A.
STREET ADDRESS 146 Liberty Lane
CITY-ST-ZIP Pleasanton, Texas 78064

TITLE V ☐ Delete
NAME ROCK, ELAINE
STREET ADDRESS 1993 41ST TERR., S.W.
CITY-ST-ZIP NAPLES FL

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
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elaine N. Rock

4-26-00 941-455-3094

Date

Daytime Phone #

CR2E034 19/99