

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L16317

1. Entity Name  
KENNEDY, LYNCH & ASSOCIATES, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90066 003 \*\*\*150.00

Principal Place of Business

Mailing Address

108 NORTH CIRCLE  
SEBRING FL 33870  
US

108 NORTH CIRCLE  
SEBRING FL 33870  
US

2. Principal Place of Business

103 S. Ridgewood  
Suite, Apt. #, etc.

3. Mailing Address

103 S. Ridgewood  
Suite, Apt. #, etc.

00001000



DO NOT WRITE IN THIS SPACE

City & State Sebring, FL City & State Sebring, FL 4. FEI Number **65-0143513** Applied For ☐ Not Applicable ☐

Zip 33870 Country US Zip 33870 Country US 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

KENNEDY, JEFFREY R  
108 NORTH CIRCLE  
SEBRING FL 33870

Name

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

103 S. Ridgewood

City Sebring, FL

FL

Zip Code 33870

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 \_\_\_\_\_ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP KENNEDY, JEFFREY 108 NORTH CIRCLE SEBRING FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 S. Ridgewood Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LYNCH, CHRISTOPHER 108 N. CIRCLE SEBRING FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 S. Ridgewood Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

863-471-3989

Daytime Phone #

CR2E034 (10/00)