

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L47790**

1. Entity Name

KAY KROLL REALTY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90022 010 ***150.00

Principal Place of Business

Mailing Address

**6120 OAK LEAFE CIR
SEBRING FL 33870
US**

**6120 OAK LEAFE CIR
SEBRING FL 33870-6362
US**

2. Principal Place of Business

12490 WESTHAMPTON CIR.

3. Mailing Address

12490 WESTHAMPTON CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WELLINGTON, FL

City & State
WELLINGTON, FL

4. FEI Number **65-0170891**

Applied For
Not Applicable

Zip **33414** Country **US**

Zip **33414** Country

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

**KROLL, KAY E.
6120 OAK LEAFE CIR
10
SEBRING FL 33870**

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

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 **PST** ☒ Delete
NAME **KROLL, KAY**
STREET ADDRESS **6120 OAK LEAFE CIRCLE**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **12490 Westhampton Cir.**
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **D** ☐ Delete
NAME **KROLL, KAY**
STREET ADDRESS **6120 OAK LEAFE CIRCLE**
CITY-ST-ZIP **SEBRING FL 33870**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

Kay E. Kroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-2000

Date

561-793-9681

Daytime Phone #

CR2E034 (9/99)