Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

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Entity Nam	ne KS VILLAC						00 APR 2	3 AM 5	9: 09	
i. Wirth	VILLAC	1EG, L.O.		i			SECRETA	DV AF 6	TATE	
							TALLAHAS	SEE FL	ORIDA	
- ,	ce of Business		Mailing Address P.O. BOX 1332					1		
), BOX 133; LLAHASSEE	E FL 32302		TALLAHASSEE FL 323	02-1332						
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Principal P	Place of Busine	988	3. Mailing Address							
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	e		City & State			4. FEI Numbe	59-3425749			plied For
Zip	<u> </u>	Country	Zip	Country				-	\$5.00 Add	t Applicable
			<u> </u>				of Status Desired	<u> </u>	Fee Require	
.—	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New F	legistered A	lgent	
ARRETT,	, DAVID A			-	Street Addre	ss (P.O. Box Numbe	r is Not Acceptable	<u>-</u>		
111 SOUTH MONROE STREET				ļ						
TALLAHASSEE FL 32302								·	· · · · · · · · · · · · · · · · · · ·	
•				į (City			FL	Zip Cod	e
		r submits this statement for printed name of registered agent.	·t.		gent signature req	uired when reinstating)	n, in the State of Fk			
			and utte if applicable.	NOTE: Registered Ac	gent signature req	uired when reinstating)	n, in the State of Flo	orida.		
			and title if applicable. (I	NOTE: Registered Ac	gent signature req	uired when reinstating)	n, in the State of Fk	DATE		
NATURE .	Signature, typed of	or printed name of registered agent. MANAGING MEMB	and title if applicable. (I	NOTE: Registered Activities Payable to [gent signature req	tuired when reinstating) 00 t of State	ADDITIONS	DATE CHANGES	☐ Change	_
NATURE .	Signature, typed of MGR NOBLIN, M	or printed name of registered agent. MANAGING MEMB	and title if applicable. ((FILE Make Check ERS/MEMBERS	NOTE: Registered Activities Payable to [10. TITLE NAME	gent signature req	tuired when reinstating) 00 t of State	ADDITIONS	DATE /CHANGES	5768	33
; ; ; E E ET ADDRESS	MGR NOBLIN, N	or printed name of registered agent. MANAGING MEMB	and title if applicable. ((FILE Make Check ERS/MEMBERS	NOTE: Registered Activities Payable to [10. TITLE NAME	gent signature req	tuired when reinstating) 00 t of State	ADDITIONS 30003	DATE CHANGES	5768 -01128) ****	33 001 •*50.00
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