

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

000808 AF

DOCUMENT # L98000002829

1. Entity Name  
KRAFT-GOSS, L.L.C.

00 APR 22 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2606 SOUTH HORSESHOE DRIVE  
NAPLES FL 34104

Mailing Address  
2606 SOUTH HORSESHOE DRIVE  
NAPLES FL 34104-6121



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3561382

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

GRANT, RICHARD C ESQ  
GRANT FRIDKIN PEARSON ATHAN & CROWN, P.A.  
5551 RIDGEWOOD DRIVE, SUITE 501  
NAPLES FL 34108

Name  
Farahad F. Pezeshkan  
Street Address (P.O. Box Number is Not Acceptable)  
2606 South Horseshoe Drive  
City  
Naples  
FL Zip Code  
34104

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]*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

03-27-00  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

100003246071--8  
-05/10/00--01009-025  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KRAFT CUSTOM HOMES, L.L.C. 2606 SOUTH HORSESHOE DRIVE NAPLES FL 34104	<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
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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

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]* ROBERT H. GRABNER, JR. 3/27/00 (941) 643-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)