

2000 UNIFORM BUSINESS REPORT (UBR)

0010638 AF

DOCUMENT # L99000008191

1. Entity Name
KP DEVELOPMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 PM 2:23

Principal Place of Business
400 CROFTON DRIVE
ORLANDO FL 32819

Mailing Address
400 CROFTON DRIVE
ORLANDO FL 32819-4702



2. Principal Place of Business
6108 S. Apopka-Vine land Rd.
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL
Zip
32819
Country
U.S.

City & State
City & State
Zip
Country

4. FEI Number
59-3610244
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CYR, STEVE
400 CROFTON DRIVE
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6108 S. Apopka-Vine land Rd.
City ORLANDO FL Zip 32819

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 STEVE CYR 2-9-2000
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CYR BUILDING & DEVELOPMENT, INC. 400 CROFTON DRIVE ORLANDO FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	6108 S. Apopka-Vine land Rd. ORLANDO, FL 32819-4407 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	8000003148758--2 -02/25/00--01108--010 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: STEVE CYR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

407-355-7766
2-9-2000
Date Daytime Phone #

CR2E083 (9/99)