

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008191

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

FILED 00000000

01 APR -9 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
625 MAIN ST.
SUITE 20
WINDERMERE FL 34786

Mailing Address
625 MAIN ST.
SUITE 20
WINDERMERE FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3610244

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

CYR, STEVE
6108 S. APOPKA-VINELAND RD.
ORLANDO FL 32819

Name *Cyr, Steve*
Street Address (P.O. Box Number is Not Acceptable)
625 MAIN ST.
St. 20
City *WINDERMERE* FL Zip Code *34786*

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 _____

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

600004014556--1
-04/18/01--01009--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☒ Delete
MGRM
CYR BUILDING & DEVELOPMENT, INC.
STREET ADDRESS 6108 S. APOPKA-VINELAND RD.
CITY-ST-ZIP ORLANDO FL 32819

TITLE NAME ☒ Change ☐ Addition
MANAGING MEMBER
CYR BUILDING AND DEVELOPMENT, INC.
STREET ADDRESS 625 MAIN STREET, SUITE #20
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03-26-01 401-909-0888

Date Daytime Phone #

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CR2E083 (1/00)