

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009386**

1. Entity Name

KOHL & SPOTTS, P.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -2 PM 1:25

mf



DO NOT WRITE IN THIS SPACE

Principal Place of Business

50 S.E. KINDRED STREET, STE 107
STUART FL 34995

Mailing Address

PO BOX 1166
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0972764

Applied For

Not Applicable

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

KOHL JR, N. DEAN
50 S.E. KINDRED STREET
STE 107
STUART FL 34995

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)

65-0972764-1

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

-08/08/00--01093--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME *N. Dean Kohl, Jr. MGR* ☐ Delete
STREET ADDRESS *3771 SW Rimini Circle*
CITY-ST-ZIP *Palm City, FL 34990*

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

TITLE
NAME *Michael K. Spotts MGR* ☐ Delete
STREET ADDRESS *4820 River Oak Lane*
CITY-ST-ZIP *Fort Pierce, FL 34981*

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
NAME ☐ Change ☐ Addition
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 RECORDED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/10/00

Date

(501) 223-9999

Daytime Phone #

CR2E083 (5/00)