

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90189 012 ****50.00

DOCUMENT # M01000000707

1. Entity Name

KGC, LLC

Principal Place of Business

**600 CLIPPER
 SPRINGFIELD IL 62707**

Mailing Address

**600 CLIPPER
 SPRINGFIELD IL 62707**

904790

2. Principal Place of Business

GREGO'S ALMOST TO THE BEACH TAVERN

3. Mailing Address

4332 PALMA SOLA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BRADENTON FL

City & State

Zip

Country

4. FEI Number

37-1408933

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **GREG KOEPEL**

Street Address (P.O. Box Number is Not Acceptable)

4332 PALMA SOLA BLVD

City **BRADENTON**

FL

Zip Code

34209

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)

DATE

4/22/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE **MEMBER** Delete
 NAME **KERRY S. FRIESEN**
 STREET ADDRESS **5809 LOS VERDES CT**
 CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **MEMBER** Delete
 NAME **CATHLEEN FRIESEN**
 STREET ADDRESS **5809 LOS VERDES CT**
 CITY-ST-ZIP **BRADENTON FL 34210**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Delete
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 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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 REQUIRED

4/23/02

941 756 5581

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

Date

Daytime Phone #

CR2E083 (9/01)