

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M70468

1. Entity Name

KBL REALTY, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90029 030 ***150.00

Principal Place of Business	Mailing Address
711 N. SHERRILL STREET TAMPA FL 33609 US	711 N. SHERRILL STREET TAMPA FL 33609-1109 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	59-2880943	Applied For	<input type="checkbox"/>	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JESSE L. MASSINGILL
 711 N. SHERRILL STREET
 TAMPA FL 33607

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPDT	<input type="checkbox"/> Delete
NAME	MASSINGILL, JESSE L	
STREET ADDRESS	711 NO SHERRILL ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MASSINGILL, VALERIE A.	
STREET ADDRESS	711 NO SHERRILL ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ANDRETTA, EVELYNE	
STREET ADDRESS	3030 N. ROCKY PT. DR. WEST., #560	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FRANC, JAMES	
STREET ADDRESS	3030 N. ROCKY PT. DR. WEST., #560	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BACH, WILLIAM E	
STREET ADDRESS	711 NO SHERRILL ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jesse L. Massingill **Jesse L. Massingill** 4/17/00 813-885-5656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)