

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006475

1. Entity Name

BILL & GERA KENT FOUNDATION, INC.

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90002 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5755 POWERLINE RD.  
FT. LAUDERDALE FL 33309

Mailing Address

5755 POWERLINE RD.  
FT. LAUDERDALE FL 33309

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

65-1073243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENT, WILLIAM A  
5755 POWERLINE RD.  
FT. LAUDERDALE FL 33309

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)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME KENT, WILLIAM A  
STREET ADDRESS 5755 POWERLINE RD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete

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

TITLE STD  
NAME KENT, GERA  
STREET ADDRESS 5755 POWERLINE RD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete

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

TITLE VD  
NAME KENT, RICHARD C  
STREET ADDRESS 7520 MONTGOMERY RD.  
CITY-ST-ZIP CONCINNATI OH 45236 ☐ Delete

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  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

JAN 10, 2001 9544897500

CR2E037 (10/00)