

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003104

1. Entity Name

KTS MANAGEMENT CONSULTANTS, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90077 024 ****70.00

Principal Place of Business

Mailing Address

1815 WEST CENTRAL BLVD.
ORLANDO FL 32805

1815 WEST CENTRAL BLVD.
ORLANDO FL 32805-1712

2. Principal Place of Business

3. Mailing Address

108 Sausalito Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Casselberry, FL

4. FEI Number

59-3603449

Applied For

Not Applicable

Zip

Country

Zip

32707

Country

Seminole

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

SIPLIN, GARY A
169 EAST FLAGLER STE. 1121
MIAMI FL 33131

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 P ☐ Delete
NAME KORNEGAY, THOMAS S
STREET ADDRESS 3367 RIVER VIEW WAY
CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE V ☐ Delete
NAME HAWKINS, WALTER
STREET ADDRESS 400 S. OFFICE
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE ST ☐ Delete
NAME WILLIAMS, DIANA
STREET ADDRESS 1 SOUTH COTTAGE HILL RD.
CITY-ST-ZIP ORLANDO FL 32805

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

TITLE D ☒ Delete
NAME FULLER, GEORGE
STREET ADDRESS 6711 FAIRWAY COVE DR.
CITY-ST-ZIP ORLANDO FL 32805

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

TITLE D ☐ Delete
NAME BRADLEY, JUNIUS JR.
STREET ADDRESS 800 N. HIGHLAND AVE. STE. 105
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE D ☐ Delete
NAME BROWN, MARTHA
STREET ADDRESS 6138 BURKLEY COURT
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ Addition
NAME
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)(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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas S. Kornegay, Chairman 4/25/00 407-831-0099

CR2E037 (9/99)