

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91181 041 ***150.00

DOCUMENT # P00000011680
1. Entity Name
 KGF Management, Inc.

Principal Place of Business **Mailing Address**
 750 Hammond Drive
 Bldg. 18, Suite 200
 Atlanta, GA 30328

2. Principal Place of Business **3. Mailing Address**
 130 Carrick Bend Lane 750 Hammond Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Bldg. 18, Suite 200

DO NOT WRITE IN THIS SPACE

City & State **City & State** **4. FEI Number** **Applied For**
 Boca Grande, Florida Atlanta, GA 58-2518998 Not Applicable
Zip **Country** **Zip** **Country**
 33921 USA 30328 USA

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
 Corporation Service Company
 1201 Hays Street
 Tallahassee, Florida 32301
 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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
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 Director	<input type="checkbox"/> Delete	TITLE Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME William P. Blincoe		NAME William P. Blincoe	
STREET ADDRESS 750 Hammond Dr., Bldg.18,Ste.200		STREET ADDRESS 130 Carrick Bend Lane	
CITY-ST-ZIP Atlanta, GA 30328		CITY-ST-ZIP Boca Grande, FL 33921	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		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: *William P. Blincoe* **William P. Blincoe, Director** **4/30/01** **404-252-3246**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (11/00)