

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90017 004 \*\*\*150.00

**DOCUMENT # P00000094454**

1. Entity Name

**KATHLEEN & CO., INC.**

Principal Place of Business

67 LARIAT CIRCLE  
 BOCA RATON FL 33487

Mailing Address

67 LARIAT CIRCLE  
 BOCA RATON FL 33487

00013034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4801 Linton Blvd.

3. Mailing Address

4801 Linton Blvd.

Suite, Apt. #, etc.

Suite 3A

Suite, Apt. #, etc.

Suite 3A

City & State

DURHAM BEACH FLA.

City & State

DURHAM BEACH FLA.

Zip

Country

33445

Zip

Country

33445

4. FEI Number

65-1045221

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

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

Name

KATHLEEN DREW

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

67 LARIAT CIRCLE

Boca Raton

City

Florida 33487

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD DREW, KATHLEEN R 67 LARIAT CIRCLE BOCA RATON FL 33487	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)