

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

03-05-2001 90294 017 \*\*\*150.00

0560298

**DOCUMENT # P00000101766**

1. Entity Name  
**KAFCO, INC.**

Principal Place of Business Mailing Address  
**1775 DRULINER RD. 1775 DRULINER RD.**  
**ST. CLOUD FL 34771 ST. CLOUD FL 34771**

**724434**



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 **59-3679637** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FENDER, ANNETTE I**  
**1775 DRULINER RD.**  
**ST. CLOUD FL 34771**

7. Name and Address of New Registered Agent  
 Name **JAMES R FORMAN**  
 Street Address (P.O. Box Number is Not Accepted) **721 Brandywood Circle Unit 145**  
 City **Winter Park** FL **32792**

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 *James R. Forman* **JAMES R. FORMAN** **2/10/2001**  
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.   
**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	<b>PV</b> <b>FENDER, ANNETTE I</b> <b>1775 DRULINER RD.</b> <b>ST. CLOUD FL 34771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>FENDER, KEVIN A</b> <b>1775 DRULINER RD.</b> <b>ST. CLOUD FL 34771</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec Treas.</b> <b>JAMES FORMAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>721 Brandywood Circle Unit 145</b> <b>Winter Park FL 32792</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *James R. Forman* **JAMES R FORMAN** **2/10/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)