## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000120454

Entity Name: KKR DEVELOPMENT, INC.

4872 TOCOBAGA LANE

JACKSONVILLE, FL 32225

Address:

City-St-Zip:

Apr 28, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4872 TOCOBAGA LANE 5038 MARINERS POINT DRIVE JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 **Current Mailing Address: New Mailing Address:** 5038 MARINERS POINT DRIVE 4872 TOCOBAGA LANE JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 FEI Number: 01-0583524 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOLBY-HOEPFER, KELLY A KOLBY-HOEPFER, KELLY A 4872 TOCOBAGA LANE 5038 MARINERS POINT DRIVE JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 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: 04/28/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition RIGSBY, JOHN P Name: Name: RT 12 BOX 356 Address: Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete KOLBY-HOEPFER, DAVID D Name: KOLBY-HOEPFER, DAVID D Name: 4872 TOCOBAGA LANE 5038 MARINERS POINT DRIVE Address: Address: JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Title: ( ) Delete KOLBY-HOEPFER, KELLY A Name: KOLBY-HOEPFER, KELLY A Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KELLY KOLBY-HOEPFER 04/28/2003 D

5038 MARINERS POINT DRIVE

JACKSONVILLE, FL 32225