

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014613

1. Entity Name

KRK DUNEDIN, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90052 003 \*\*\*150.00

Principal Place of Business

Mailing Address

1435  
556 MAIN ST.  
DUNEDIN FL 34698

1435 556 MAIN ST.  
DUNEDIN FL 34698-4999

2. Principal Place of Business

1435 MAIN ST

3. Mailing Address

1435 MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNEDIN FL

City & State

DUNEDIN FL

4. FEI Number

59-3171882

Applied For

Not Applicable

Zip

Country

34698

USA

Zip

Country

34698

USA

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

RHOAD, THOMAS S

1435 556 MAIN ST.

DUNEDIN FL 34698

Name

RHOAD, THOMAS S

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

1435 MAIN ST

City

DUNEDIN

FL

Zip Code

34698

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, 2000 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  
DPT  
RHOAD, THOMAS S  
556 MAIN ST.  
DUNEDIN FL 34698 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
KIRBERGER, CRAIG V  
556 MAIN ST.  
DUNEDIN FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: Thomas S Rhoad  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00  
Date

727-733-7714  
Daytime Phone #

CR2E034 (9/99)