

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068977

1. Entity Name
THE KILPATRICK COMPANY, INC.

Principal Place of Business
7700 HIGH RIDGE RD
BOYNTON BEACH FL 33426
US

Mailing Address
7700 HIGH RIDGE RD
BOYNTON BEACH FL 33426
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0440521

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

STRAWN, JOEL T
54 N.E. 4TH AVENUE
DELRAY BEACH FL 33483

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	KILPATRICK, HAROLD D.	
STREET ADDRESS	1750 LAKE DR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP SVR	<input type="checkbox"/> Delete
NAME	KILPATRICK, JON W	
STREET ADDRESS	425 N.W. 18TH STREET	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	KILPATRICK, TIM L.	
STREET ADDRESS	1725 LAKE DR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP SVR / AS	<input type="checkbox"/> Delete
NAME	MORRIS, JOHN R	
STREET ADDRESS	8541 N. LAKE DASHA DRIVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KILPATRICK, MARY	
STREET ADDRESS	1750 LAKE DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom R. Morris

1.4.01

Date

261.533.1450

Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90025 041 ***158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)