

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020141

1. Entity Name

KKP - CHIPPEWA, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90055 031 ***150.00

Principal Place of Business: **3020 Hartley Road, Ste. 300 Jacksonville, FL 32257**
Mailing Address: **3020 Hartley Road, Ste. 300 Jacksonville, FL 32257**

00076543



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **3020 Hartley Road**
Suite, Apt. #, etc.: **Suite 300**
City & State: **Jacksonville, FL**
Zip: **32257** Country: **USA**

3. Mailing Address: **3020 Hartley Road**
Suite, Apt. #, etc.: **Suite 300**
City & State: **Jacksonville, FL**
Zip: **32257** Country: **USA**

4. FEI Number: **59-3233600** Applied For: ☐ Not Applicable
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FARRELL, MARK T
3020 Hartley Road, Ste. 300
Jacksonville, FL 32257

7. Name and Address of New Registered Agent
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.
April 4, 2000

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROOD, JOHN D.	
STREET ADDRESS	3030 HARTLEY RD., STE. 100	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FARRELL, MARK T.	
STREET ADDRESS	303 HARTLEY ROAD, SUITE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SMITH, BERNARD E	
STREET ADDRESS	3030 HARTLEY RD STE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John D. Rood	
STREET ADDRESS	3020 Hartley Road, Ste 300	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark T. Farrell	
STREET ADDRESS	3020 Hartley Road, Ste 300	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernard E. Smith	
STREET ADDRESS	3020 Hartley Road, Ste 300	
CITY-ST-ZIP	Jacksonville, FL 32257	
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]* **APRIL 4, 2000** (904) 260-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)