

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000048016**

1. Entity Name

KUYKENDALL-LARUE BONDING & INSURANCE AGENCY, INC

Principal Place of Business

**2702 E ROBINSON ST
ORLANDO FL 32803**

Mailing Address

**2702 E ROBINSON ST
ORLANDO FL 32803**

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 **59-3242074**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LARUE, RICHARD M
2702 E ROBINSON ST
ORLANDO FL 32803**

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.

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 **P** ☐ Delete
NAME **LARUE, RICHARD M**
STREET ADDRESS **2702 E ROBINSON ST**
CITY-ST-ZIP **ORLANDO FL 32803**TITLE **V** ☐ Delete
NAME **KUYKENDALL, JOHN M**
STREET ADDRESS **2702 E ROBINSON ST**
CITY-ST-ZIP **ORLANDO FL 32803**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

JOHN M. KUYKENDALL

Date

Daytime Phone #

7-27-01**407-893-3855****FILED**
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90006 041 ***150.00



DO NOT WRITE IN THIS SPACE

Attachment Doc# P94000048016
CDDH760

Kuykendall LaRue Bonding & Ins.
2702 E. Robinson Street
Orlando, FL 32803
July 27, 2001

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir :

Regarding 2001 Uniform Business Report for Kuykendall LaRue Bonding & Insurance Agency, Inc.
Document # P94000048016.

In going through our tax files I recently discovered that this tax form had been filed away in error thinking it was paid. I am paying it after the May 1st deadline and am requesting the \$400.00 penalty be waived as payment was not delayed deliberately. I am enclosing the signed form with a check for \$150.00.

If you have any questions please feel free to contact me at 407-893-3855.

Sincerely,



Robert Lunetta
Controller