

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000068785

1. Entity Name

KRB MANAGEMENT, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90028 002 ***150.00

Principal Place of Business

Mailing Address

5401 S KIRKMAN RD
SUITE 515
ORLANDO FL 32819

5401 S KIRKMAN RD
SUITE 515
ORLANDO FL 32811-7177

2. Principal Place of Business

3. Mailing Address

4305 VINELAND RD.

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE G15A

City & State

City & State

ORLANDO, FL

Zip
32811

Country
USA

Zip

Country

4. FEI Number 59-3262407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUGGE, KENNETH R
5401 S KIRKMAN RD
SUITE 515
ORLANDO FL 32819

Name

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

4305 VINELAND RD. STE. G15A

City

ORLANDO

FL

Zip Code

32811

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 PS
NAME BUGGE, KENNETH R
STREET ADDRESS 5401 S KIRKMAN RD 515
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS 4305 VINELAND RD. STE. G15A
CITY-ST-ZIP ORLANDO, FL 32811

☒ Change ☐ Addition

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH R. BUGGE

Date

11/11/00

Daytime Phone #

407-650-1958

CR2E034 (9/99)