

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-23-2000 90037 031 ***150.00

DOCUMENT # P94000085889

1. Entity Name
KIMBERLY FOREST, INC.

Principal Place of Business 9116 CYPRESS GREEN DR STE 107 JACKSONVILLE FL 32256	Mailing Address 9116 CYPRESS GREEN DR STE 107 JACKSONVILLE FL 32256-1894
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4296 Ripken Circle E. Suite, Apt. #, etc.	3. Mailing Address 4296 Ripken Circle E. Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL	4. FEI Number 59-3282532	Applied For <input type="checkbox"/> Not Applicable
Zip 32246	Country US	Zip 32246	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BORSTEIN, DONALD K 9116 CYPRESS GREEN DR STE 107 JACKSONVILLE FL 32256	7. Name and Address of New Registered Agent Name Donald K. Borstein Street Address (P.O. Box Number is Not Acceptable) 4296 Ripken Circle E. City Jacksonville FL Zip Code 32246
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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 *Donald K Borstein* **DONALD K BORSTEIN** **4/14/00**
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. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BORSTEIN, DONALD K		NAME BORSTEIN, DONALD K	
STREET ADDRESS 9116 CYPRESS GREEN DR STE 107		STREET ADDRESS 4296 Ripken Circle E.	
CITY-ST-ZIP JACKSONVILLE FL 32256		CITY-ST-ZIP Jacksonville, FL 32246	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASSIS, MICHEAL A		NAME CASSIS, MICHEAL A	
STREET ADDRESS 5 TIMBERLINE PLACE		STREET ADDRESS 5 TIMBERLINE PLACE	
CITY-ST-ZIP CHARLESTON NV 25311		CITY-ST-ZIP CHARLESTON NV 25311	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Donald K Borstein* **Donald K. Borstein** **4/3/00** **904-493-3242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)