

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011001

1. Entity Name

LIST KINGS HIGHWAY VENTURE, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90214 006 \*\*\*150.00

Principal Place of Business

138 NORTH COUNTY ROAD  
PALM BEACH FL 33480

Mailing Address

138 NORTH COUNTY ROAD  
PALM BEACH FL 33480-3917

2. Principal Place of Business

223 Sunset Ave

Suite, Apt. #, etc.

Suite 110

City & State

Palm Beach FL

Zip

33480

Country

USA

3. Mailing Address

223 Sunset Ave

Suite, Apt. #, etc.

Suite 110

City & State

Palm Beach FL

Zip

33480

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3294542

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

LIST, MARTIN A  
138 NORTH COUNTY ROAD  
PALM BEACH FL 33480

Name

Martin A. List

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

223 Sunset Ave

Suite 110

City

Palm Beach

FL

Zip Code

33480

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 DP  
NAME LIST, MARTIN A  
STREET ADDRESS 138 NORTH COUNTY ROAD  
CITY-ST-ZIP PALM BEACH FL 33480



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE S  
NAME RHODES, PAUL  
STREET ADDRESS 251A ROYAL PALM WAY SUITE 300  
CITY-ST-ZIP PALM BEACH FL 33480



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



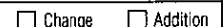
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NAME  
STREET ADDRESS  
CITY-ST-ZIP



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

Date

Daytime Phone #

CR2E034 (9/99)