

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033713

1. Entity Name

KIF PUBLISHING, INC.

FILED

Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90046 043 ***150.00

Principal Place of Business

9501 N.W. 27 PLACE
GAINESVILLE FL 32606

Mailing Address

9501 N.W. 27 PLACE
GAINESVILLE FL 32606-5179

2. Principal Place of Business

12732 SW 14th Ave
Suite, Apt. #, etc.

3. Mailing Address

12732 SW 14th Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Newberry Florida

City & State

Newberry Florida

4. FEI Number

59-3317349

Applied For

Not Applicable

Zip

32609

Country

USA

Zip

32609

Country

USA

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

FOLKEN, KATHLEEN I
9501 N.W. 27 PLACE
GAINESVILLE FL 32606

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

Kathleen I. Folken

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 ☐ Delete
NAME P
STREET ADDRESS FOLKEN, KATHLEEN I
CITY-ST-ZIP 9501 N.W. 27 PLACE
GAINESVILLE FL 32606

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

TITLE ☐ Delete
NAME P
STREET ADDRESS FOLKEN, KATHLEEN I
CITY-ST-ZIP 12732 SW 14th Ave
Newberry FL 32609

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ 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:

Kathleen I. Folken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/00

Daytime Phone #

352-332-4891