

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060234

1. Entity Name

KYLE'S RUN DEVELOPMENT CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90100 016 ***150.00

Principal Place of Business

Mailing Address

% BERMAN WOLFE & RENNERT, P.A.
100 S.E. SECOND STREET
MIAMI FL 33131-2130

% BERMAN WOLFE & RENNERT, P.A.
100 S.E. SECOND STREET
MIAMI FL 33131-2130

2. Principal Place of Business

215 South Monroe

Suite, Apt. #, etc.

Suite 540

City & State

Tallahassee, FL

Zip

32301

Country

USA

3. Mailing Address

215 South Monroe

Suite, Apt. #, etc.

Suite 540

City & State

Tallahassee, FL

Zip

32301

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3331218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Berman Wolfe Rennert Vogel & Mandler, PA
WOLFE, LEON J
100 S.E. SECOND STREET
35TH FLOOR, INTERNATIONAL PLACE
MIAMI FL 33131-2130

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARKEY, JEFFREY 215 S. MONROE, SUITE 540 TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

March 24, 2000

Date

Daytime Phone #

CFR2034 (9/99)