

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071591

1. Entity Name:

KH ASSOCIATES, INC.

Principal Place of Business

2790 SE FEDERAL HWY.
STUART FL 34994

Mailing Address

4095 EMBASSY DR SE
GRAND RAPIDS MI 49546
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0626020

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

ELSBERRY, MICHAEL V ESQ.
% LOWNDES, DROSDICK, DOSTER, KANTOR & REED
215 NORTH EOLA DR.
ORLANDO FL 32802

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

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

See attached change form & Verhulst

6/21/01

(Signature, typed or printed name of registered agent and title if applicable)

(NOT) 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!
After MAY 1, 2001 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	R Receiver	<input type="checkbox"/> Delete
NAME	STENGER, PHILLIP S	
STREET ADDRESS	4095 EMBASSY DR SE	
CITY-ST-ZIP	GRAND RAPIDS MI 49546	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or on an attachment with an address, with all other like empowered.

SIGNATURE:

Phillip Stenger *5/22/01* *616-940-1190*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, RECEIVER
Date Daytime Phone #

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-01-2001 90005 039 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment Doc# P95000071591

Requester's Name
Address
City/State/Zip Phone #

P95000071591

600003509195--
-12/20/00--01078--011
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
00 DEC 20 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

Attachment Doc # 1950007159

8872

**CERTIFICATE OF CHANGE OF
REGISTERED AGENT/REGISTERED OFFICE
OF
KH ASSOCIATES, INC.**

Pursuant to the provisions of Section 607.0502, Florida Statutes, **KH ASSOCIATES, INC.**, a corporation organized and existing under and by virtue of the laws of the State of Florida (the "Corporation"), hereby submits the following statement in designating a new Registered Office/Registered Agent, in the State of Florida:

1. The name of this corporation is:

KH ASSOCIATES, INC.

2. The name and address of the current registered agent is:

Michael V. Elsberry
215 North Eola Drive
Orlando, Florida 32801

3. The name and address of the registered agent is to be changed to:

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

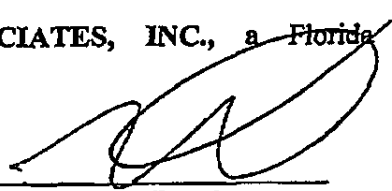
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00 DEC 20 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. The street address of the registered office of the corporation and the street address of the business office of its registered agent, as changed, will be identical.

5. That Phillip S. Stenger, as Receiver of the Corporation has been authorized by resolution duly adopted by the board of directors to execute this Certificate of Change on behalf of the Corporation.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Change as of the 7th day of ^{November} September, 2000.

KH ASSOCIATES, INC., a Florida corporation

By: 
Phillip S. Stenger, Receiver

Attachment Doc# 1295000071591

C00707128892

ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of KH ASSOCIATES, INC.

CT Corporation System

By: Vicky Goldstein
Printed Name: VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY