2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90007 021 ***150.00

DOCUMENT # P95000086302

1. Entity Name
KINGSLEY CREEK DEVELOPMENT COMPANY

A0066159

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2. Principal Place of Business: 4477 AMELIA RD.	3. Mailing Address: PO BOX 15550
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: AMELIA ISLAND, FL	City & State: AMELIA ISLAND FL
Zip: 32034 Country: NASSAU	Zip: 32035 Country: NASSAU

4. FEI Number: 593345341 ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VAD CLINCH KAVANAUGH 4 CENTRE ST. FERNANDINA BEACH, FL 32034	☑ Delete	P/S/TD DR DONALD B HITE MD 131 KELLETT PARK DRIVE GREENVILLE, SC 29607	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP/D JAMES J. STOFFEL 71 MARSH CREEK PD AMELIA ISLAND, FL 32034	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: I DE DONALD B. HITE MD 26 APR 00 904-491-7781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #