

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90053 001 ***150.00

DOCUMENT # P95000092430

1. Entity Name
KANE PROPERTIES, INC.

Principal Place of Business

~~102 SNOWY EGRET~~
~~AMELIA ISLAND FL 32034~~
1214 OLIVIA ST.
Key West, FL 33040-7221

Mailing Address

~~102 SNOWY EGRET~~
~~AMELIA ISLAND FL 32034~~
1214 OLIVIA ST.
Key West, FL 33040-7221

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

59-3354163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, CURT L
102 SNOWY EGRET
AMELIA ISLAND FL 32034

7. Name and Address of New Registered Agent

Name

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

1214 OLIVIA ST.

Key West

City

FL

Zip Code

33040

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, 2002 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 **P** ☐ Delete
 NAME **DOUGLAS, CURT L**
 STREET ADDRESS **102 SNOWY EGRET**
 CITY-ST-ZIP **AMELIA ISLAND FL**

TITLE **S** ☐ Delete
 NAME **DOUGLAS, SUSAN**
 STREET ADDRESS **102 SNOWY EGRET**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE **VP** ☐ Delete
 NAME **DOUGLAS, DEREK**
 STREET ADDRESS **814 OAK LANE**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Douglas, Curt L.** ☒ Change ☐ Addition
 NAME **1214 Olivia St.**
 STREET ADDRESS **Key West, FL 33040-7221**
 CITY-ST-ZIP

TITLE **Douglas, Susan** ☒ Change ☐ Addition
 NAME **1214 Olivia St.**
 STREET ADDRESS **Key West, FL 33040-7221**
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)