

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095999

1. Entity Name

THE KENDALL BOOKSHELF, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90299 050 \*\*\*150.00

Principal Place of Business

9601 S DIXIE HWY  
9601 S DIXIE HWY  
PINECREST FL 33156  
US

Mailing Address

9601 S DIXIE HWY  
MIAMI FL 33156-2804  
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

65-0627460

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

ELLIOT, STUART G  
9601 S DIXIE HWY  
MIAMI FL 33156

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	STUART G. ELLIOT	
STREET ADDRESS	9601 S DIXIE HWY	
CITY - ST - ZIP	PINECEST FL 33156	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	SHARON R. ELLIOTT	
STREET ADDRESS	9601 S DIXIE HWY	
CITY - ST - ZIP	PINECREST FL 33156	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	STEVEN D. ELLIOT	
STREET ADDRESS	9601 S. DIXIE HWY	
CITY - ST - ZIP	PINECREST FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

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:

STUART G. ELLIOT

Date

Daytime Phone #

CR2E034 (9/99)