

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055456

1. Entity Name

KRG GROUP, INC.

* PEOPLEWORKS OF FLA I, INC. *

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90125 001 ***450.00

Principal Place of Business

Mailing Address

4900 MANATEE AVENUE WEST
SUITE 101
BRADENTON FL 34209

4900 MANATEE AVENUE WEST
SUITE 101
BRADENTON FL 34209-3859

2. Principal Place of Business

5528 N. DAVIS HWY #G

3. Mailing Address

818 HOWARD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

PENSACOLA FL

City & State

NEW ORLEANS LA

Zip

32503

Country

U.S.

Zip

70113

Country

U.S.

4. FEI Number

65-0685016

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

CALVORT, COURTNEY
22202-C STREET WEST
PALMOTLO FL 34221

*

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

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

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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	CALVORT, COURTNEY	
STREET ADDRESS	2202-C STREET WEST	
CITY-ST-ZIP	PALMETTO FL 34-2221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	PRES/SIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY H. BROWNE	
STREET ADDRESS	818 HOWARD AVE #100	
CITY-ST-ZIP	N.O., LA 70113	
TITLE	SR. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. NEIL CLARK	
STREET ADDRESS	4317 DOWNTOWNER LOOP	
CITY-ST-ZIP	MOBILE, AL 36609	
TITLE	SR. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK V. EUMONT	
STREET ADDRESS	818 HOWARD AVE #100	
CITY-ST-ZIP	N.O., LA 70113	
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
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

GREGORY H. BROWNE

PRESIDENT/SIT

Date

4-14-00

Daytime Phone #

504-593-9771

CR2E034 (9/99)