

# 2000 UNIFORM BUSINESS REPORT (UBR)

**Pa 1902**

02-17-2000 90084 038 \*\*\*150.00  
P96000080151

FILED

00 JUL 14 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000080151**

1. Entity Name

**KROVO MANAGEMENT, CO.**

Principal Place of Business

Mailing Address

**GIBBS & CRAZE, P.A.  
5666 SEMINOLE BLVD., SUITE 2  
SEMINOLE FL 33772**

**P.O. BOX 852  
PANACEA FL 32345-0852**

2. Principal Place of Business

3. Mailing Address

**KROVO MANAGEMENT CO**

**CTY RT 370 LOT A125**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**ALLIGATOR PT, FL 32346**

4. FEI Number

**59-3394370**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32346**

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

**GIBBS, DAVID C III  
GIBBS & CRAZE, P.A.  
5666 SEMINOLE BLVD., SUITE 2  
SEMINOLE FL 33772**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD OSBORNE, KENNETH R CTY RT 370 LOT A125 ALLIGATOR PT FL 32346</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD OSBORNE, YIMAN B CTY RT 370 LOT A125 ALLIGATOR PT FL 32346</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: X** *Kenneth R. Osborne* **Kenneth R. Osborne** **2/12/00** **856/344-2743**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

pg 2 of 2

**KroVo Management**

# Memo

**To:** State Department of Florida  
**From:** Kenneth R. Osborne  
**CC:**  
**Date:** 7/11/00  
**Re:** 2000 UBR Report

---

Attached is a corrected UBR report for KroVo Management Company. This report was filed and paid on February 12<sup>th</sup>. You deposited the check #0338 on February 29<sup>th</sup>. I did not receive notice of any problem until your second notice was received. I spoke with Marie at the main number who then referred me to phone # 487 6059 where someone instructed me on deleting the address and to prepare a cover memo.

Sincerely,



Kenneth R. Osborne