

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90131 041 ***150.00

DOCUMENT # P96000102597

1. Entity Name

KAUFMANN HOLDINGS, INC.

Principal Place of Business

Mailing Address

4501 TAMiami TRAIL NORTH, SUITE 400
 NAPLES FL 34103

4501 TAMiami TRAIL NORTH, SUITE 400
 NAPLES FL 34103-3023

2. Principal Place of Business

3. Mailing Address

5850 16 AV. NW
 Suite, Apt. #, etc.

5850 16 AV. NW
 Suite, Apt. #, etc.

City & State

City & State

NAPLES, FL

NAPLES FL

Zip

Country

Zip

Country

34119

COVILIA

34119

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANNENSOHN, JEFFREY S
 4501 TAMiami TRAIL NORTH, SUITE 400
 NAPLES FL 34103

Name

FREDERICK G. KAUFMANN

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

5850 16 AV. NW

City

NAPLES

FL

Zip Code

34119

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

FREDERICK G. KAUFMANN

(NOTE: Registered Agent signature required when reinstating)

DATE

april 27, 2000

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 PS
 NAME KAUFMANN, FREDERICK G
 STREET ADDRESS 19555 SW 134 AVE
 CITY-ST-ZIP MAIMI FL 33177 ☐ Delete

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

TITLE VP
 NAME KAUFMAN, RICHARD D.
 STREET ADDRESS 2023 RIVER BEACH DR APT 334
 CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 (9/99)