

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90031 003 ***150.00

DOCUMENT # P96000104015

1. Entity Name
K & D PROPERTIES, INC.

Principal Place of Business TALL PINES MOBILE HOME COMMUNITY 314 S ERIE DR FT PIERCE FL 34946	Mailing Address TALL PINES MOBILE HOME COMMUNITY 314 S ERIE DR FT PIERCE FL 34946
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Lowndes City MHA Community</i>	3. Mailing Address <i>5200 28th Street (North)</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>St. Petersburg, Florida</i>	City & State <i>St. Petersburg</i>	4. FEI Number 65-0760098	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33714</i>	Country <i>FLORIDA</i>	Zip <i>33714</i>	Country <i>FLORIDA</i>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS ST
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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]* (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, 2001 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 <i>P VP</i>	<input type="checkbox"/> Delete
NAME KINDLAND, ERIC R	
STREET ADDRESS 1212 STONEGATE	
CITY-ST-ZIP EAST LANSING MI 48823	
TITLE <i>VP P</i>	<input type="checkbox"/> Delete
NAME DANFORD, GEORGE W JR	
STREET ADDRESS P.O. BOX 4614	
CITY-ST-ZIP EAST LANSING MI 48826-4614	
TITLE	<input type="checkbox"/> Delete
NAME	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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]* **1.26.01** **727.525.8081**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)