

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022624

1. Entity Name

KING FISH KAMP, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90175 009 ***150.00

Principal Place of Business

Mailing Address

LEAFDALE CIR S
JACKSONVILLE FL 32218

2404 LEAFDALE CIR S
JACKSONVILLE FL 32218-7103
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

59-3429136

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, ARNOLD H
2404 LEAFDALE CIRCLE SOUTH
JACKSONVILLE FL 32218

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	COBP	<input type="checkbox"/> Delete
NAME	BETZ-JACKSON, G C	
STREET ADDRESS	2404 LEAFDALE CIR S	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	CVST	<input type="checkbox"/> Delete
NAME	JACKSON, ARNOLD H	
STREET ADDRESS	2404 LEAF DALE CIR S	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	V.P. DIR.	<input type="checkbox"/> Delete
NAME	LATRECIA... BAKER	
STREET ADDRESS	2404 LEAFDALE CR.S.	
CITY-ST-ZIP	JAX, FL 32218	
TITLE	V.P. DIR.	<input type="checkbox"/> Delete
NAME	TERRY MATTHEWS	
STREET ADDRESS	2404 LEAFDALE CR.S.	
CITY-ST-ZIP	JAX, FL 32218	
TITLE	V.P. DIR.	<input type="checkbox"/> Delete
NAME	ROBERT BETZ	
STREET ADDRESS	2404 LEAFDALE CR.S.	
CITY-ST-ZIP	JAX, FL 32218	
TITLE		<input type="checkbox"/> Delete
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	
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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:

G.C. Betz-Jackson Pres.

1/7/2000

904 714-4202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.C. BETZ-JACKSON PRES.

Date

Daytime Phone #

CR2E034 (9/99)