## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 25, 2000 8:00 am DOCUMENT # **P97000024735 Secretary of State** KENNEDY REAL ESTATE HOLDINGS, INC. 03-25-2000 90004 023 \*\*\*158.75 Principal Place of Business Mailing Address 600 W HILLSBORO BLVD STE 101 600 W HILLSBORO BLVD STE 101 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441-1610 C0044228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0741744 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNEDY, ROBERT N Street Address (P.O. Box Number is Not Acceptable) 600 W HILLSBORO BLVD STE 101 DEERFIELD BEACH FL 33441 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KENNEDY, ROBERT N. NAME NAME 600 W. HILLSBORO BLVD STE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33441** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KENNEDY, ANN F. NAME NAME 600 W. HILLSBORO BLVD. STE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP Delete DDE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 futher 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 oat; that I am an officer or director of the corporation or the receiver or truetee embowaged to execute this report as required by Chapter 607, Florida Statutes and that my name index 11 or Block 12 is

of the corporation or the receiver or trustee emchanged, or on an attachment with an address.