

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90030 045 ***150.00

DOCUMENT # P97000031090

1. Entity Name
1711 DONNA ROAD ASSOCIATES, INC.

Principal Place of Business
**105 SOUTH NARCISSUS AVENUE
 SUITE 602
 WEST PALM BEACH FL 33402**

Mailing Address
**105 SOUTH NARCISSUS AVENUE
 SUITE 602
 WEST PALM BEACH FL 33402**

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 **65-0755659**

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

**KERRY R. SCHWENCKE, P.A.
 1645 PALM BEACH LAKES BOULEVARD
 SUITE 720
 WEST PALM BEACH FL 33401**

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, 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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	THOMAS, NORMAN	
STREET ADDRESS	105 SOUTH NARCISSUS AVENUE, SUITE 602	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	STD	<input type="checkbox"/> Delete
NAME	THOMAS, SUSAN	
STREET ADDRESS	105 SOUTH NARCISSUS AVENUE, SUITE 602	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KUEHL, GEORGE P	
STREET ADDRESS	120 TOOWEKA CIRCLE	
CITY-ST-ZIP	LOUDON TN	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KUEHL, ELIZABETH L	
STREET ADDRESS	120 TOOWEKA CIRCLE	
CITY-ST-ZIP	LOUDON TN	
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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey Kuehl	
STREET ADDRESS	623 Northlake Blvd	
CITY-ST-ZIP	North Palm Bch. FL 33408	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/02

Daytime Phone #

CR2E034 (9/01)