

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90382 029 ***150.00

DOCUMENT # P97000038539

1. Entity Name

KCA AMUSEMENTS, INC.

Principal Place of Business

Mailing Address

~~11812 GORDON DRIVE~~
~~RIVERVIEW FL 33509~~

~~11812 GORDON DRIVE~~
~~RIVERVIEW FL 33509~~

2. Principal Place of Business

3. Mailing Address

15103 Carlton Lake Rd.

211 South Dale Mabry Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

City & State

Balm, FL

Tampa, FL

Zip

Country

Zip

Country

33503

USA

33609

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Stephen W. Jones

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

c/o Walker & Associates, CPA, P.A.

211 South Dale Mabry Highway

City

FL

Zip Code

Tampa

33609

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)

02/05/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **LARKEE, CINDY L**
STREET ADDRESS **11812 GORDON DRIVE**
CITY-ST-ZIP **RIVERVIEW FL 33509**

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

TITLE **STD** ☐ Delete
NAME **EXUM, KELVIN L**
STREET ADDRESS **11812 GORDON DRIVE**
CITY-ST-ZIP **RIVERVIEW FL 33509**

TITLE **PVST D** ☒ Change ☐ Addition
NAME **Exum, Kevin L.**
STREET ADDRESS **15103 Carlton Lake Road**
CITY-ST-ZIP **Balm, FL 33503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **X Kevin L. Exum**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin L. Exum

X President

Date

Daytime Phone #

813-875-0810

CR2E034 (10/00)