

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047268

1. Entity Name

KEB PANACEA, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90085 009 \*\*\*150.00

Principal Place of Business

Mailing Address

PO BOX 4093  
 JONESBORO AR 72403

PO BOX 4093  
 JONESBORO AR 72403-4093

2. Principal Place of Business

2975 BOBCAT VILLAGE CTR RD

3. Mailing Address

2975 BOBCAT VILLAGE CTR RD

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

NORTHPORT FL

City & State

NORTHPORT FL

Zip

34286

Country

Zip

34286

Country

4. FEI Number

71-0805093

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

GRIMES, CALEB J ESQ  
 1023 MANATEE AVENUE WEST  
 BRADENTON FL 34205

Name **DAVID P. PERSSON**

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

2033 MAIN STREET

SUITE 400

City **SARASOTA**

FL

Zip Code **34937**

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

4/26/00

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	D	<input type="checkbox"/> Delete
NAME	ARNOLD, KENT	
STREET ADDRESS	PO BOX 4093	
CITY-ST-ZIP	JONESBORO AR 72403	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROUTT, ROBERT	
STREET ADDRESS	PO BOX 4093	
CITY-ST-ZIP	JONESBORO AR 72403	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROUTT, JOHN E	
STREET ADDRESS	PO BOX 4093	
CITY-ST-ZIP	JONESBORO AR 72403	
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		

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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-2000

Date

Daytime Phone #

CR2E034 (9/99)