

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069585

1. Entity Name

KNIGHTSBRIDGE PARK REALTY INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90156 022 ***158.75

Principal Place of Business

Mailing Address

7860 WEST IRLO BRONSON HWY
KISSIMMEE FL 34747
US

7860 WEST IRLO BRONSON HWY
KISSIMMEE FL 34747-1738
US

2. Principal Place of Business

3. Mailing Address

7860 WEST IRLO BRONSON HWY
Suite, Apt. #, etc.

7860 WEST IRLO BRONSON HWY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
KISSIMMEE, FLORIDA

City & State
KISSIMMEE FLORIDA

4. FEI Number 59-3527250

Applied For
Not Applicable

Zip 34747 Country USA

Zip 34747 Country U.S.A.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILKES, BRIAN
7860 WEST IRLO BRONSON HWY
KISSIMMEE FL 34747

Name WILKES BRIAN
Street Address (P.O. Box Number is Not Acceptable)
7860 WEST IRLO BRONSON HWY
City KISSIMMEE FL Zip Code 34747

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 BRIAN WILKES DATE APR 29, 2000
(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME WILKES, BRIAN
STREET ADDRESS 7860 WEST IRLO BRONSON HWY
CITY-ST-ZIP KISSIMMEE FL 34747 ☐ Delete

TITLE PD
NAME WILKES, BRIAN
STREET ADDRESS 7860 WEST IRLO BRONSON HWY
CITY-ST-ZIP KISSIMMEE, FLORIDA, 34747 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: BRIAN WILKES DATE APR 29, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #