

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0559472 AV

DOCUMENT # P97000074949

1. Entity Name

K.W. PROPERTY OF SEBRING, INC.



FILED

03 MAY 14 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1776 RINGLING BLVD.

SARASOTA FL 34236

US

Mailing Address

1776 RINGLING BLVD.

SARASOTA FL 34236

US

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

59-3467442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSON, PAUL E

1776 RINGLING BOULEVARD

SARASOTA FL 34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME OLSON, PAUL E
STREET ADDRESS 1776 RINGLING BLVD.
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ Change ☐ Addition
NAME 800018960518
STREET ADDRESS 05/14/03--01087--009 **550.00
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME BURGESS, JAMES H JR
STREET ADDRESS 1776 RINGLING BLVD.
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE VPD ☐ Delete
NAME FERGUSON, THOMAS B
STREET ADDRESS 1776 RINGLING BLVD.
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul E Olson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/03

Date

941-344-3708

Daytime Phone #

CR2E034 (10/02)