

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000448

1. Entity Name

K.F.C. BUILDING, INC.

Principal Place of Business

2041 E OCEAN BLVD.  
STUART FL 34996

Mailing Address

2041 E OCEAN BLVD.  
STUART FL 34996-3303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT C  
2041 E OCEAN BLVD.  
STUART FL 34996

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT C	
STREET ADDRESS	2041 E OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY C. Johnson	
STREET ADDRESS	51 SE Harbor Point Dr.	
CITY-ST-ZIP	STUART, FL. 34996	
TITLE	BS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hope D. Candina	
STREET ADDRESS	4446 SE Nimitz Lane	
CITY-ST-ZIP	STUART, FL. 34997	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN KALLER	
STREET ADDRESS	1415 High Forest Dr.	
CITY-ST-ZIP	TUSCALOOSA, AL 35406	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin Knebel's	
STREET ADDRESS	1130 Admiral Crossing	
CITY-ST-ZIP	ALPHARETTA, GA. 30005	
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

Robert C. Johnson

3-15-00

Date

561-287-3366

Daytime Phone #

FILED

Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90094 008 \*\*\*150.00

925193



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0813823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2F034 (9/99)