

# 2001 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

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 65-0813823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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, 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

TITLE PTD ☐ Delete  
NAME JOHNSON, ROBERT C  
STREET ADDRESS 2041 E OCEAN BLVD.  
CITY-ST-ZIP STUART FL 34996

TITLE VS ☐ Delete  
NAME JOHNSON, MARY C  
STREET ADDRESS 51 SE HARBOR POINT DR  
CITY-ST-ZIP STUART FL 34996

TITLE AS ☐ Delete  
NAME DI CANDINA, HOPE  
STREET ADDRESS 4446 SE NIMROD LANE  
CITY-ST-ZIP STUART FL 34997

TITLE D ☐ Delete  
NAME KAHLER, CAROLYN  
STREET ADDRESS 1415 HIGH FOREST DR  
CITY-ST-ZIP TUSCALOOSA AL 35406

TITLE D ☐ Delete  
NAME KNEBELS, ROBIN  
STREET ADDRESS 1130 ADMIRAL CROSSING  
CITY-ST-ZIP ALPHARETTA GA 30005

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90071 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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