

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000000923**

1. Entity Name

KEBB PROPERTIES, INC.

Principal Place of Business

Mailing Address

**715 COLBERT AVE
PENSACOLA FL 32507****4771 BAYOU BLVD
#165
PENSACOLA FL 32503-2607**

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 **59-3490206**Applied For
Not Applicable5. 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

**VREDENBURG, J B
1900 HALLMARK DRIVE
PENSACOLA FL 32503**

Name

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

2153 Copley DR.

City

PENSACOLA**FL**

Zip Code

32503

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WATSON, WILLIAM L III**
STREET ADDRESS **4415 DEVEREUX DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32504**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GRAY, EDWARD M III**
STREET ADDRESS **92 CHANTECLAIRE CIRCLE**
CITY-ST-ZIP **GULF BREEZE FL 32561**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **LIPHAM, KENT W**
STREET ADDRESS **112 BRANDYWINE ROAD**
CITY-ST-ZIP **PENSACOLA FL 32507**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **180 Kenilworth Rd**
CITY-ST-ZIP **PENSACOLA, FL 32503**TITLE **STD** ☐ Delete
NAME **VREDENBURG, J B**
STREET ADDRESS **1900 HALLMARK DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32503**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2153 Copley DR.**
CITY-ST-ZIP **PENSACOLA, FL 32503**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000

Date

800-332-1411

Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90044 009 ***150.00



DO NOT WRITE IN THIS SPACE