

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90296 047 ***158.75

DOCUMENT # P98000022920

1. Entity Name
KD GATORS OCALA, INC.

Principal Place of Business

**528 8TH STREET
 CLERMONT FL 34711
 US**

Mailing Address

**4380 36TH ST.
 ORLANDO FL 32811
 US**



2. Principal Place of Business

3. Mailing Address

528 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clermont FL

Zip

Country

Zip

Country

34711

4. FEI Number

59-3501361

Applied For

Not Applicable

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

**JOHNSON, KAREN M
 4380 36TH ST.
 ORLANDO FL 32811**

Name

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

11206 Crescent Bay Blvd.

City

Clermont

FL

Zip Code

34711

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, 2002 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	<input type="checkbox"/> Delete
NAME	JOHNSON, DARREN	
STREET ADDRESS	4380 36TH STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, KAREN M	
STREET ADDRESS	4380 36TH STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11206 Crescent Bay Blvd	
CITY-ST-ZIP	Clermont FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11206 Crescent Bay Blvd	
CITY-ST-ZIP	Clermont FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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

Date

Daytime Phone #

1/17/02 352-242-4589