

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027893

1. Entity Name

"THE VON KLEIST GROUP, INC."

FILED

Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90044 015 ***558.75

Principal Place of Business

1037 DURBIN PARK DRIVE
JACKSONVILLE FL 32259

Mailing Address

1037 DURBIN PARK DRIVE
JACKSONVILLE FL 32259

2. Principal Place of Business

12644 SAN JOSE BLVD

3. Mailing Address

P.O. Box 600547

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL 32223

City & State

JACKSONVILLE FL

Zip

32223

Country

USA

Zip

32260

Country

USA

4. FEI Number

59-3501493

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, PAT
106 SOUTH MONROE STREET
TALLAHASSEE FL 32302

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PC	<input checked="" type="checkbox"/> Delete
NAME	VON KLEIST, CARL	
STREET ADDRESS	1037 DURBIN PARKE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	VPST	<input checked="" type="checkbox"/> Delete
NAME	VON KLEIST, SARAH	
STREET ADDRESS	1037 DURBIN PARKE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	Vc	<input type="checkbox"/> Delete
NAME	VON KLEIST, AUSTIN	
STREET ADDRESS	1037 DURBIN PARKE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON KLEIST, AUSTIN	
STREET ADDRESS	12644 SAN JOSE BLVD, SUITE A, JAX FL 32223	
CITY-ST-ZIP		
TITLE	VP, Sec, Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VON KLEIST, MAUREEN	
STREET ADDRESS	12644 SAN JOSE BLVD, SUITE A, JAX FL 32223	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)