

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90546 002 ***158.75

0459655

DOCUMENT # P98000027893

1. Entity Name

"THE VON KLEIST GROUP, INC."

Principal Place of Business

~~12644 SAN JOSE BLVD~~ 12620

A JACKSONVILLE FL 32223 Dunraven Tr
 US

Mailing Address

P.O. BOX 600547
 JACKSONVILLE FL 32260
 US

2. Principal Place of Business

12620 Dunraven Tr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32223

Country

FL

Zip

Country

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 \$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 VP
 NAME VON KLEIST, AUSTIN
 STREET ADDRESS 12644 SAN JOSE BLVD
 CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE VPST
 NAME MAUREEN, VON K
 STREET ADDRESS 12644 SAN JOSE BLVD, STE A
 CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
 NAME Austin von Kleist
 STREET ADDRESS 12620 Dunraven Tr.
 CITY-ST-ZIP JACKSONVILLE FL 32223 ☒ Change ☐ Addition

TITLE VPST
 NAME MAUREEN VON KLEIST
 STREET ADDRESS 12620 Dunraven Tr.
 CITY-ST-ZIP JACKSONVILLE FL 32223 ☒ Change ☐ Addition

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

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

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

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

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

4/9/01

Date

(904) 292-2346

Daytime Phone #

CR2E034 (10/00)