

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047810

1. Entity Name

KMC OF NAPLES, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90030 019 \*\*\*150.00

Principal Place of Business

FRESHENS PREMIUM YOGURT  
818 NEAPOLITAN WAY  
NAPLES FL 34103

Mailing Address

3576 EL VERDADO COURT  
NAPLES FL 34119-2917

2. Principal Place of Business

3. Mailing Address

4610 5th AVE SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

4. FEI Number

59-3521231

Applied For

Not Applicable

Zip

Country

Zip

Country

34119

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

CAREY, BRIAN J  
3576 EL VERDADO COURT  
NAPLES FL 34109

Name

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

4610 5th AVE SW

City

NAPLES

FL

Zip Code

34119

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 PTS  
NAME CAREY, BRIAN  
STREET ADDRESS 3576 EL VERDADO CT  
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4610 5th AVE SW  
CITY-ST-ZIP NAPLES FL 34119

TITLE VP  
NAME CAREY, KAREN  
STREET ADDRESS 3576 EL VERDADO CT  
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4610 5th AVE SW  
CITY-ST-ZIP NAPLES FL 34119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
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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:

*Brian Carey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-00 941-455-3399