

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063518

1. Entity Name

KUNAI DEVELOPMENT, INC.

Principal Place of Business

2738 BEE RIDGE ROAD  
SARASOTA FL 34239

Mailing Address

2738 BEE RIDGE ROAD  
SARASOTA FL 34239

2. Principal Place of Business

2033 WOOD ST

3. Mailing Address

2033 WOOD ST.

Suite, Apt. #, etc.

215

Suite, Apt. #, etc.

215

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34237

Country

USA

Zip

34237

Country

USA

6. Name and Address of Current Registered Agent

SEIBEL, JEAN-PIERRE  
2738 BEE RIDGE ROAD  
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name MICHAEL W. MONAHAN

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

2033 WOOD STREET

#215

City

SARASOTA

FL

Zip Code

34237

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

MICHAEL W. MONAHAN

(NOTE: Registered Agent signature required when reinstating)

4/3/01

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 ST  
NAME SMITH, BURMAN ☒ Delete  
STREET ADDRESS 1774 CHEROKEE DR  
CITY-ST-ZIP SARASOTA FL

TITLE President, S.T.  
NAME Jean Pierre Seibel ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, S, T ☒ Change ☒ Addition  
NAME JEAN-PIERRE SEIBEL  
STREET ADDRESS 2033 WOOD ST. #215  
CITY-ST-ZIP SARASOTA, FL 34237

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

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

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

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

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90090 012 \*\*\*150.00

CU042839



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)