

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071924

1. Entity Name

KOESTER HOME CORPORATION

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90115 012 ***150.00

Principal Place of Business

Mailing Address

786 S. ORANGE AVE.
SARASOTA FL 34236

786 S. ORANGE AVE.
SARASOTA FL 34236-7718

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0862331

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CASWELL, CHRISTOPHER K P.A.
1215 N. PALM AVE.
SARASOTA FL 34236

Name

Christopher K. Caswell

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

2364 Fruitville Road

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

(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	DP	<input type="checkbox"/> Delete
NAME	KOESTER, JUERGEN	
STREET ADDRESS	786 S. ORANGE AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KOESTER, CHRISTIAN	
STREET ADDRESS	786 S. ORANGE AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	AV	<input type="checkbox"/> Delete
NAME	MAYR, FRITZ <i>FRITZ</i>	
STREET ADDRESS	776 S ORANGE AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
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		

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	
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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 empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASS.

VICE PRES

Date

Daytime Phone #

1-21-2000 941-951-6222

CR2E034 (9/99)