

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90302 001 ***158.75

SECTION 106 AV

DOCUMENT # P98000074132

1. Entity Name
KD GATORS BONITA, INC.

Principal Place of Business

**4380 36TH STREET
 ORLANDO FL 32811**

Mailing Address

**4380 36TH ST.
 ORLANDO FL 32811**

2. Principal Place of Business

Suite, Apt. #, etc.
300 Story Rd.
 City & State
Ocoee FL

Zip
34761 Country
Orange

3. Mailing Address

Suite, Apt. #, etc.
300 Story Rd.
 City & State
Ocoee FL

Zip
34761 Country
Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3529292

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, KAREN M
 4380 36TH ST.
 ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

300 Story Rd.

City
Ocoee

State
FL

Zip Code
34761

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, 2002 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
P
 NAME
JOHNSON, DARREN
 STREET ADDRESS
4380 36TH ST.
 CITY-ST-ZIP
ORLANDO FL 32811

TITLE
VP
 NAME
JOHNSON, KAREN M
 STREET ADDRESS
4380 36TH ST.
 CITY-ST-ZIP
ORLANDO FL 32811

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**300 Story Rd.
 Ocoee, FL 34761**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**300 Story Rd.
 Ocoee, FL 34761**

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CR2E034 (9/01)

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/02 407-654-9211