

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90010 033 \*\*\*150.00

**DOCUMENT # P98000074447**

1. Entity Name

**KDR MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

1661 TIMBER HILLS DR.  
 DELAND FL 32724

1661 TIMBER HILLS DR.  
 DELAND FL 32724-7979

2. Principal Place of Business

3. Mailing Address

**2415 S. Uduisa Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite A-2**

City & State

City & State

**Orange City FL**

**32763**

Country

**USA**

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3530734**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

Name **Kim A. Reddick**

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

**1661 Timberhills Dr.**

City **Deland**

**FL**

Zip Code **32724**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-31-00**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>REDDICK, KIM A DC</b>	
STREET ADDRESS	<b>1661 TIMBERHILLS DR.</b>	
CITY-ST-ZIP	<b>DELAND FL 32725</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>REDDICK, DEBBIE</b>	
STREET ADDRESS	<b>1661 TIMBERLINE DR.</b>	
CITY-ST-ZIP	<b>DELAND FL 32725</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 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

Date

Daytime Phone #

**2-1-00 (904) 775-6879**