

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000078368**1. Entity Name
KEGAN FUNDING, INC.

Principal Place of Business

1411 TROVILLION AVE

WINTER PARK

32789

FL

Mailing Address

1411 TROVILLION AVE

WINTER PARK

32789

FL

2. Principal Place of Business

1947 LEE ROAD

3. Mailing Address

1947 LEE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK

FL

City & State

WINTER PARK

FL

Zip
32789

Country

Zip
32789

Country

4. FEI Number

59-3531834

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET

TALLAHASSEE

323012525

US

FL

7. Name and Address of New Registered Agent

Name

TURNER COREY WPRES.

Street Address (P.O. Box Number is Not Acceptable)
1947 LEE ROADCity
WINTER PARK

FL

Zip Code
32789

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 **COREY TURNER**

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2001

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMSON PAUL A	
STREET ADDRESS	1411 TROVILLION AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONEY TURNER W	
STREET ADDRESS	1411 TROVILLION AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON KENDRA L	
STREET ADDRESS	1411 TROVILLION AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP,S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE JAMES B	
STREET ADDRESS	1947 LEE ROAD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP,T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON PAUL A	
STREET ADDRESS	1947 LEE ROAD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONEY TURNER W	
STREET ADDRESS	1947 LEE ROAD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNERT ANDREAS	
STREET ADDRESS	1947 LEE ROAD	
CITY-ST-ZIP	WINTER PARK FL 32789	
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		
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: **COREY TURNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P

04/27/2001

Date

Daytime Phone #

CR2E034 (11/00)