

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90054 025 \*\*\*150.00

**DOCUMENT # P98000095357**

**1. Entity Name**  
**KDC DEVELOPMENT CORPORATION**



**Principal Place of Business**

**3100 SCENIC HWY 98**  
**SUITE 107**  
**DESTIN FL 32541**  
**US**

**Mailing Address**

**% KATHLEEN REYNOLDS. ESQ.**  
**305 MAIN STREET**  
**DESTIN FL 32541**  
**US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**KAZEK, JOHN R**

**3100 SCENIC HWY. 98, STE. 107**  
**DESTIN FL 32541**

**Name**

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

**City**

**FL**

**Zip Code**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PSC**  
**KAZEK, JOHN R**  
**3100 SCENIC HWY 98 SUITE 118**  
**DESTIN FL 32541**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VD**  
**KAZEK, JON**  
**3100 SCENIC HWY 98 SUITE 318**  
**DESTIN FL 32541**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TD**  
**KAZEK, TERRI**  
**3100 SCENIC HWY 98 SUITE 318**  
**DESTIN FL 32541**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**JOHN R. KAZEK**

**1/8/03**

**850 650 0070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)