

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107980

1. Entity Name

KENNETH R. PLATTER, SR., INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90068 033 \*\*\*150.00

Principal Place of Business

Mailing Address

2034 LIVE OAK BLVD.  
 ST. CLOUD FL 34771

2034 LIVE OAK BLVD.  
 ST. CLOUD FL 34771-8441

2. Principal Place of Business

1211 Florida Avenue

3. Mailing Address

1211 Florida Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud FL

City & State

St. Cloud, FL

4. FEI Number

59-3551014 APPLIED FOR

Applied For

Not Applicable

Zip

34769

Country

USA

Zip

34769

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLATTER, KENNETH R SR.  
 2034 LIVE OAK BLVD.  
 ST. CLOUD FL 34771

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

01-10-00

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

TITLE P ☐ Delete  
 NAME PLATTER, KENNETH R  
 STREET ADDRESS 2034 LIVE OAK BLVD  
 CITY-ST-ZIP ST CLOUD FL 34771

TITLE D ☐ Delete  
 NAME PLATTER, SAMI R  
 STREET ADDRESS 2034 LIVE OAK BLVD  
 CITY-ST-ZIP ST CLOUD FL 34771

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☒ Change ☐ Addition  
 NAME Platter, Kenneth R.  
 STREET ADDRESS 1211 Florida Ave.  
 CITY-ST-ZIP St. Cloud, FL 34769

TITLE P ☒ Change ☐ Addition  
 NAME Platter, Sami R.  
 STREET ADDRESS 1211 Florida Ave.  
 CITY-ST-ZIP St. Cloud, FL 34769

TITLE S, T ☐ Change ☒ Addition  
 NAME Lorin, Machele L.  
 STREET ADDRESS 1122 Florida Ave.  
 CITY-ST-ZIP St. Cloud, FL 34769

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Kenneth R. Platter, Sr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-00

Date

407-892-2999

Daytime Phone #

CR2E034 (9/99)