

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001704

1. Entity Name
KGI CAPITAL, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90190 042 ***150.00

Principal Place of Business
**225 WATER STREET SUITE 900
JACKSONVILLE FL 32202**

Mailing Address
**225 WATER STREET SUITE 900
JACKSONVILLE FL 32202**

00032083



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**818 North Highway A1A
Suite 301**

3. Mailing Address

**818 North Highway A1A
Suite 301**

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach

Zip
32082

Country
USA

Zip
FL

Country
USA

4. FEI Number **59-3551145**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRAWFORD, JOHN R
225 WATER STREET STE. 900
JACKSONVILLE FL 32202**

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)

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 **D** ☐ Delete
NAME **ENGMANN, RODOLFO F**
STREET ADDRESS **4339 BLUE HERON DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☐ Delete
NAME **Charles Newman**
STREET ADDRESS **193 Lamplighter Ln**
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

904 2803838

Daytime Phone #

CR2E034 (10/00)