

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90065 047 ***150.00

DOCUMENT # P99000006673

1. Entity Name

THE KERAND CORPORATION

Principal Place of Business

**3623 SEAGRAPE DRIVE
WINTER PARK FL 32792**

Mailing Address

**PO BOX 1416
GOLDENROD FL 32733**

2. Principal Place of Business

3623 Seagrape Dr
Suite, Apt. #, etc.

3. Mailing Address

PO Box 1416
Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Goldenrod, FL

Zip

32792

Country

Zip

32733

Country

4. FEI Number

59-3558106

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

BROOKS, BOBBY

3623 SEAGRAPE DR.

WINTER PARK FL 32792

Name

Andy Brooks

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

3623 Seagrape Dr.

City

Winter Park

FL

Zip Code

32792

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

Andy Brooks, Director

1/4/01

Signature of individual 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D BROOKS, ANDY**
STREET ADDRESS **3626 SEAGRAPE DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE ☐ Delete
NAME **D BROOKS, KERRI**
STREET ADDRESS **3623 SEAGRAPE DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE ☐ Delete
NAME **D BROOKS, BOBBY**
STREET ADDRESS **109 LONGHORN ROAD**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☒ Change ☐ Addition
NAME **D Brooks, Bobby**
STREET ADDRESS **1012 Harrison St.**
CITY-ST-ZIP **Orlando, FL 32765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01

671 1229
407-220-00

CR2E034 (10/00)