

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014237

1. Entity Name
Kenneth Reed & Company

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90038 050 ***150.00

00053851

DO NOT WRITE IN THIS SPACE

Principal Place of Business
100 S. Ashley Drive, #2200
Tampa, FL 33602

Mailing Address
100 S. Ashley Drive, #2200
Tampa, FL 33602

2. Principal Place of Business
100 W. Kennedy Blvd
Suite, Apt. #, etc.
Suite 500

3. Mailing Address
100 W. Kennedy Blvd
Suite, Apt. #, etc.
Suite 500

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33602

Country

Zip
33602

Country

4. FEI Number
59-3555516

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

David M. Jeffries, Esq.
220 S. Franklin Street
Tampa, FL 33602

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
President / Director
Secretary, Treasurer
David J. Quinlan
100 S. Ashley Drive, #2200, Tampa, FL 33602

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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
David J. Quinlan

Date

4/3/00

813-229-1227

Daytime Phone #

CR2E034 (9/99)