

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019735

1. Entity Name

CORE RESIDENCES I, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90046 018 ***150.00

Principal Place of Business
827 N. 127th Street East
Wichita, Kansas 67206
USA

Mailing Address
827 N. 127th Street East
Wichita, Kansas 67206
USA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2450231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

B0036783

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Jonathan P. Jennewein
101 East Kennedy Boulevard, Suite 3700
Tampa, Florida 33602

7. Name and Address of New Registered Agent

Name

Timothy S. Shaw

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

Kirk Pinkerton

720 South Orange Avenue

City

Sarasota

FL

Zip Code

34236

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.

Timothy S. Shaw

3/6/00

(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 P
NAME Kevin Daves
STREET ADDRESS 827 N. 127th Street East
CITY-ST-ZIP Wichita, Kansas 33602

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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

Kevin Daves, President

3/6/00

(941) 364-2435

Date

Daytime Phone #

CR2000-03/0001