

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90295 023 ***150.00

DOCUMENT # P99000023194

1. Entity Name
KANE DEVELOPMENT CORPORATION

Principal Place of Business
15 EIGHTH ST. SUITE B
BONITA SPRINGS FL 34134

Mailing Address
15 EIGHTH ST. SUITE B
BONITA SPRINGS FL 34134



DO NOT WRITE IN THIS SPACE

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 **65-0909527**

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

DIAMOND, LAURENCE J. ACKERMAN, LINK & ASSOC
222 LAKEVIEW
SUITE 2
WEST PALM BEACH FL

Name
RICHARD L. RANSOM
 Street Address (P.O. Box Number is Not Acceptable)
15 EIGHTH STREET, SUITE B
 City
BONITA SPRINGS FL Zip Code
34134

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

(NOTE: Registered Agent signature required when reinstating)

4/26/02
 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, 2002 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
PST
 NAME
METSCH, LEIF E
 STREET ADDRESS
9432 PEABODY CT.
 CITY-ST-ZIP
BOCA RATON FL 33496 ☐ Delete

TITLE
PST
 NAME
METSCH, LEIF E.
 STREET ADDRESS
15 EIGHTH STREET, SUITE B
 CITY-ST-ZIP
BONITA SPRINGS, FL 34134 ☒ Change ☐ Addition

TITLE
VP
 NAME
SANDS, DONALD A
 STREET ADDRESS
THE HIGHLANDS
 CITY-ST-ZIP
SEATTLE WA 98177-5002 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 another like empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

941-948-7042

Daytime Phone #

CR2E034 (9/01)