

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90001 023 ***150.00

DOCUMENT # P99000030516

1. Entity Name

ADVANCE FIRST, INC.

Principal Place of Business

**1810 S.R. 17S
AVON PARK FL 33825**

Mailing Address

**1810 S.R. 17S
AVON PARK FL 33825**

2. Principal Place of Business

925 Lake Lotela Dr

3. Mailing Address

925 Lake Lotela Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Avon Park FL

City & State

Avon Park FL

Zip

33825

Country

Highlands

Zip

33825

Country

Highlands

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCKIBBON, KATHY L
1810 S.W 17 S
AUBURNDAL FL 33823**

7. Name and Address of New Registered Agent

Name **MCKibben Kathy L.**

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

925 Lake Lotela Dr

City

Avon Park

FL

Zip Code

33825

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 **PD** ☐ Delete
NAME **MCKIBBEN, KATHY L**
STREET ADDRESS **1810 SR 17S**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **MCKibben Kathy L**
STREET ADDRESS **925 Lake Lotela Dr**
CITY-ST-ZIP **Avon Park FL 33825**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Kathy L McKibben
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01
Date

863-452 5854
Daytime Phone #

CR2E034 (10/00)