

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90035 029 \*\*\*158.75

**DOCUMENT # P99000032779**

1. Entity Name

**KINSEY UNDERGROUND, INC.**

Principal Place of Business

1256 N.E. 39 ROAD  
OCALA FL 34470

Mailing Address

1256 N.E. 39 ROAD  
OCALA FL 34470-0902

2. Principal Place of Business

2753 N.E. 34 ST

3. Mailing Address

2753 NE 34 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL.

City & State

OCALA, FL.

4. FEI Number

59-3569787

Applied For

Not Applicable

Zip

34479

Country

USA

Zip

34479

Country

USA

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KINSEY, HERBERT O**  
1256 N.E. 39 ROAD  
OCALA FL 34470

7. Name and Address of New Registered Agent

Name

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

2753 NE 34 ST

City

OCALA

FL

Zip Code

34479

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	D	<input type="checkbox"/> Delete
NAME	KINSEY, HERBERT O	
STREET ADDRESS	1256 N.E. 39 ROAD	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2753 NE 34 ST	
CITY-ST-ZIP	OCALA, FL. 34479	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE S. CORDER	
STREET ADDRESS	2753 NE 34 ST	
CITY-ST-ZIP	OCALA, FL. 34479	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Herbert Kinsey* **HERBERT KINSEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00 352) 671-1805

Date

Daytime Phone #

CR2E034 (9/99)