

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90260 025 \*\*\*150.00

**DOCUMENT # P99000046280**

1. Entity Name

**KMC GROUP, INC.**

Principal Place of Business

**265 SO. FEDERAL HWY., STE. 131  
 DEERFIELD BEACH FL 33441**

Mailing Address

**265 SO. FEDERAL HWY., STE. 131  
 DEERFIELD BEACH FL 33441**

**A0068876**

2. Principal Place of Business

**215 NO. FED HWY #6B**

3. Mailing Address

**215 NO. FED HWY**

Suite, Apt. #, etc.

**#6B**

Suite, Apt. #, etc.

**6B**



DO NOT WRITE IN THIS SPACE

City & State  
**BOCA RATON, FL.**

City & State  
**BOCA RATON, FL.**

4. FEI Number **65-0919100**

Applied For  
 Not Applicable

Zip **33432** Country **PAIM BHT**

Zip **33432** Country **PAIM BHT**

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

**CHRISTOPH, KATHRYN E  
 265 SO. FEDERAL HWY., STE. 131  
 DEERFIELD BEACH FL 33441**

Name **THOMAS ROCHE**

Street Address (P.O. Box Number is Not Acceptable)  
**2498 DATE PALM RD.**

City **BOCA RATON FL.** FL **33432**

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 **KATHRYN CHRISTOPH** 04/30/01

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete  
 NAME **CHRISTOPH, KATHRYN E**  
 STREET ADDRESS **2121 NO. OCEAN BLVD., #1006E**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **PRESIDENT/CEO** ☐ Change ☒ Addition  
 NAME **THOMAS ROCHE**  
 STREET ADDRESS **2498 DATE PALM RD.**  
 CITY-ST-ZIP **BOCA RATON, FL. 33432**

TITLE **DVP** ☒ Delete  
 NAME **OSTER, GEORGE**  
 STREET ADDRESS **2121 NO. OCEAN BLVD., #1006E**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **DVP.** ☒ Change ☐ Addition  
 NAME **KATHRYN CHRISTOPH**  
 STREET ADDRESS **1807 HENLOCK CIR**  
 CITY-ST-ZIP **ABINGTON, PA. 19001**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: **KATHRYN CHRISTOPH**

04/30/01 394-9065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)