

## 2000 UNIFORM BUSINESS REPORT (UBR)

5/8/

DOCUMENT # P99000056592

1. Entity Name

KAHN FAMILY ENTERPRISES, INC.

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90092 043 \*\*\*150.00

Principal Place of Business

1143 SURF ROAD  
SINTER ISLAND FL 33404

Mailing Address

1143 SURF ROAD  
SINTER ISLAND FL 33404-3829

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0929431

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAHN, ELIZABETH J

1143 SURF ROAD  
SINTER ISLAND FL 33404

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
		<input type="checkbox"/>	President	Elizabeth J. KAHN	1143 Surf Road, Sinter Island, FL	33404	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Elizabeth J. KAHN

Date

Daytime Phone #

561

844-7825

CR2E034 (9/99)