

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058560

1. Entity Name

KRAUSE, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90246 035 \*\*\*150.00

Principal Place of Business

5220 JULINGTON CREEK ROAD  
JACKSONVILLE FL 32258

Mailing Address

5220 JULINGTON CREEK ROAD  
JACKSONVILLE FL 32258-3467

2. Principal Place of Business

3. Mailing Address

P.O. Box 24668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Jacksonville FL

Zip

Country

Zip

Country

32241

USA

4. FEI Number

59-3585242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
Meredith A. Hernandez

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

3617 Crown Point Rd.

Suite #1

City  
Jacksonville

FL

Zip Code  
32257

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

*M. A. Hernandez*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

3/31/00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
KRAUSE, LUCY A  
5220 JULINGTON CREEK ROAD  
JACKSONVILLE FL 32258 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
KRAUSE, MICHAEL J  
5220 JULINGTON CREEK ROAD  
JACKSONVILLE FL 32258 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
KRAUSE, ROBERT S  
5220 JULINGTON CREEK ROAD  
JACKSONVILLE FL 32258 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 all other like empowered.

SIGNATURE:

*Michael J. Krause*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00

904-288-8999

CR2E034 (9/99)