

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

05-16-2001 90359 010 \*\*\*150.00

**C0068042**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P99000068356

**1. Entity Name**  
 KGF Properties, Inc.

<b>Principal Place of Business</b> 130 Carrick Bend Lane Boca Grande, FL 33921	<b>Mailing Address</b> P.O. Box 71 Boca Grande, FL 33921
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	750 Hammond Drive Bldg. 18, Suite 200

<b>City &amp; State</b>	<b>City &amp; State</b>
	Atlanta, Georgia

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
		30328	USA

<b>4. FEI Number</b>	<b>Applied For</b>
65-0947660	<input type="checkbox"/> Not Applicable

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

**6. Name and Address of Current Registered Agent**

Corporation Service Company  
 1201 Hays Street  
 Tallahassee, Florida 32301

**7. Name and Address of New Registered Agent**

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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**   
 (See criteria on back)

**FILE NOW IN FEES \$150.00**  
**After MAY 1, 2001 Fee will be \$350.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	Pres., Sec., Treas., Dir. <input type="checkbox"/> Delete William P. Blincoe 130 Carrick Bend Lane Boca Grande, FL 33921	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *William P. Blincoe* **William P. Blincoe, Director** **4/30/01** **404-252-3246**

CR2E034 (11/00)