

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075532

1. Entity Name

K & M MANAGEMENT II, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90035 005 \*\*\*150.00

Principal Place of Business

Mailing Address

5020 CYPRESS ST., STE. 200  
TAMPA FL 33607

5020 CYPRESS ST., STE. 200  
TAMPA FL 33607-3604

2. Principal Place of Business

11401 56th Street North

3. Mailing Address

11401 56th Street North

Suite, Apt. #, etc.

Suite 23

Suite, Apt. #, etc.

Suite 23

City & State

TAMPA FL

City & State

TAMPA FL

Zip  
33617

Country  
USA

Zip  
33617

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3597174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, ROBERT A  
5020 W. CYPRESS ST., STE. 200  
TAMPA FL 33607

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

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	MONTEVAGO, JAMES A	
STREET ADDRESS	2755 ULMERTON RD.	
CITY-ST-ZIP	CLEARWATER FL 34620	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	435 BRIDLE PATH WAY	
STREET ADDRESS	TARPON SPRINGS FL 34689	
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN A KOUTROUMNIS	
STREET ADDRESS	4418 SAWGRASS DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN A KOUTROUMNIS	
STREET ADDRESS	3005 SPRING OAK AVENUE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN J. KOUTROUMNIS	
STREET ADDRESS	5055 Southampton Circle	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George KOUTROUMNIS	
STREET ADDRESS	15 Rollin Road	
CITY-ST-ZIP	WOODBRIDGE 1, CONN.	
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:

*James A. Montevago*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00 (727) 572-5566  
Date Daytime Phone #

CR2E034 (9/99)