

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094455

1. Entity Name
KELLERNIEMANN, INC.

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

04-11-2000 90234 003 ***158.75

Principal Place of Business

Mailing Address

106 GRINNELL PLACE
CELEBRATION FL 34747

106 GRINNELL PLACE
CELEBRATION FL 34747-5035

2. Principal Place of Business

3. Mailing Address

741 Front Street
Suite, Apt. #, etc.
Suite 320

741 Front Street
Suite, Apt. #, etc.
Suite 320

City & State
Celebration FL

City & State
Celebration FL

Zip Country
34747 USA

Zip Country
34747 USA

4. FEI Number
59-360-71606

Applied For
Not Applicable

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

HABER, LAWRENCE H ESQ.
MORAN & SHAMS, P.A.
111 N. ORANGE AVENUE, SUITE 1200
ORLANDO FL 32801

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	D	<input type="checkbox"/> Delete
NAME	NIEMANN, BARRY R	
STREET ADDRESS	106 GRINNELL PLACE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, PHILIP L	
STREET ADDRESS	13154 DUNWOODY LANE	
CITY-ST-ZIP	CARMEL IN 46033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Barry R. Niemann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 407-566-9244
Date Daytime Phone #

CR2E034 (9/99)