

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90009 033 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000111458

1. Entity Name
K W REAL ESTATE INVESTORS INC.

Principal Place of Business
5922 9TH AVENUE NORTH
ST. PETERSBURG FL 33710

Mailing Address
5922 9TH AVENUE NORTH
ST. PETERSBURG FL 33710

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number **59-3621490**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

MORRISON, PATRICIA A
5922 9TH AVENUE NORTH
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name
MARY S. CUNNINGHAM

Street Address (P.O. Box Number is Not Acceptable)
5922-9 AVENUE N.

City **ST. PETERSBURG** **FL** **Zip Code** **33710**

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 *Mary S. Cunningham Treasurer* **DATE** **4-15-02**

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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME HILLEGAS, JAMES H	
STREET ADDRESS 5922 9TH AVENUE NORTH	
CITY-ST-ZIP ST. PETERSBURG FL 33710	
TITLE VP	<input type="checkbox"/> Delete
NAME CHADWICK, KEVIN L	
STREET ADDRESS 5922 9TH AVENUE NORTH	
CITY-ST-ZIP ST. PETERSBURG FL 33710	
TITLE S	<input type="checkbox"/> Delete
NAME MORRISON, PATRICIA A	
STREET ADDRESS 5922 9TH AVENUE NORTH	
CITY-ST-ZIP ST. PETERSBURG FL 33710	
TITLE T	<input type="checkbox"/> Delete
NAME CUNNINGHAM, MARY S	
STREET ADDRESS 5922 9TH AVENUE NORTH	
CITY-ST-ZIP ST. PETERSBURG FL 33710	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Mary S. Cunningham* **DATE** **4-15-02** **Daytime Phone #** **(727) 381-7788**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)