

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S10279

1. Entity Name

KNC INCORPORATED

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90001 046 ***150.00

Principal Place of Business

Mailing Address

KC'S KORNER RESTAURANT
401 49TH ST. SOUTH
ST. PETERSBURG FL 33707

KC'S KORNER RESTAURANT
401 49TH ST. SOUTH
ST. PETERSBURG FL 33707-1929

2. Principal Place of Business

3. Mailing Address

401 49th ST. S.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Pete FL

4. FEI Number

59-3038516

Applied For

Not Applicable

Zip

Country

Zip

Country

33707

USA

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

CLINE, DIANE
223 79TH STREET SOUTH
ST. PETERSBURG FL 33707

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 DP ☐ Delete
NAME KALPAKIS, NICK
STREET ADDRESS 6715 MANGO AVE. S.
CITY-ST-ZIP ST. PETERSBURG FL 33707

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

TITLE VT ☐ Delete
NAME CLINE, DIANE
STREET ADDRESS 223 79TH STREET S.
CITY-ST-ZIP ST. PETERSBURG FL 33707

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

TITLE S ☐ Delete
NAME HENRIOTT, DONNA
STREET ADDRESS 7259 57TH AVE N.
CITY-ST-ZIP ST. PETERSBURG FL 33709

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-00 813-27-7008

CR2E034 (9/99)