2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S24014

1. Entity Name

K & S BALLROOM, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State
02-03-2000 90007 039 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~20186 CORTEZ BLVD~~ ~~BROOKSVILLE FL 34601~~	~~20186 CORTEZ BLVD~~ ~~BROOKSVILLE FL 34601-1926~~

2. Principal Place of Business	3. Mailing Address
500 STAFFORD Ave	500 STAFFORD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville FL	City & State: Brooksville, FL
Zip: 34601 Country: USA	Zip: 34601 Country: USA

4. FEI Number 59-3058729 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLOCKER, SUZANNE
500 STAFFORD AVE
~~20186 CORTEZ BLVD~~
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

500 STAFFORD AVE

City BROOKSVILLE **FL** Zip Code 34601

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] Jan 25, 2000

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLOCKER, SUZANNE 500 STAFFORD AVE BROOKSVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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] Jan. 25, 2000 (352) 754-4390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #