2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 03, 2001 8:00 am **DOCUMENT # \$28587** Secretary of State 1. Entity Name KENDRICK REALTY, INC. 02-03-2001 90048 001 ***150.00 Principal Place of Business Mailing Address 3870 EASTON STREET 3870 EASTON STREET SARASOTA FL 34238 SARASOTA FL 34238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0244830 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, NILS F. Street Address (P.O. Box Number is Not Acceptable) 3870 EASTON STREET SARASOTA FL 34238 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE D Addition ☐ Change JOHNSON, MARJORIE J NAME NAME GAIL J. EMMOTT 3934 EASTUN TERRACE STREET ADDRESS 3870 EASTON ST STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP SARASOTA, FL 34238 TITLE ☐ Delete TITLE ☐ Change Addition JOHNSON, NILS F NAME LYNNE J. MCKAY 10 LEDGE HILL RUAD STREET ADDRESS 3870 EASTON ST STREET ADDRESS CITY-ST-ZIP SUUTHBURUUGH, MA 01772 SARASOTA FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 artachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

TREADUNER UI-22-01