

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S80990

1. Entity Name

KARST INVESTORS I, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90089 042 \*\*\*150.00

Principal Place of Business

Mailing Address

200C SOUTH US 27  
CLERMONT FL 34711  
US

200C SOUTH US 27  
CLERMONT FL 34711-8915  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3114338**

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

KARST, GEORGE F. J  
C/O KARST INVESTORS, INC.  
200C SOUTH US HWY 27  
CLERMONT FL 34711

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** ☐ Delete  
NAME **KARST, GEORGE, F., JR.**  
STREET ADDRESS **1397 W LAKESHORE DR**  
CITY-ST-ZIP **CLERMONT FL**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **200 C SOUTH US 27**  
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☐ Delete  
NAME **KARST, RANDALL LEE**  
STREET ADDRESS **1375 5TH ST**  
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE ☐ Delete  
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NAME  
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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:

*George F. Karst, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/20/00 (352) 243-1044**

CR2E034 (9/99)