

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 05, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # V09039**

1. Entity Name  
**THE KIRVEN GROUP, INC.**

Principal Place of Business  
 2710 REW CIRCLE  
 OCOEE FL 34761

Mailing Address  
 2710 REW CIRCLE  
 OCOEE FL 34761

2. Principal Place of Business  
 2710 REW CIRCLE

3. Mailing Address  
 2710 REW CIRCLE

Suite, Apt. #, etc.  
 SUITE 100

Suite, Apt. #, etc.  
 SUITE 100

City & State  
 OCOEE FL

City & State  
 OCOEE FL

Zip  
 34761

Country

Zip  
 34761

Country

4. FEI Number  
**59-3104240**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**KIRVEN ROGERS**  
 2710 REW CIRCLE  
 OCOEE FL 34761  
 US

**7. Name and Address of New Registered Agent**

Name  
**KIRVEN ROGERS WJR.**

Street Address (P.O. Box Number is Not Acceptable)  
 2710 REW CIRCLE  
 SUITE 100  
 City  
 OCOEE **FL** Zip Code  
 34761

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 **ROGERS W. KIRVEN, JR.**

**02/05/2001**

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, 2001 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 P  Delete  
 NAME **KIRVEN ROGERS**  
 STREET ADDRESS **2710 REW CIRCLE, STE 100**  
 CITY-ST-ZIP **OCOEE FL**

TITLE P  Change  Addition  
 NAME **KIRVEN ROGERS WJR**  
 STREET ADDRESS **2710 REW CIRCLE, STE 100**  
 CITY-ST-ZIP **OCOEE FL 34761**

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  
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 STREET ADDRESS  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Delete  
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 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: **Rogers W. Kirven, Jr.**

P **02/05/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)