

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
 01-29-2001 90013 027 ***150.00

DOCUMENT # V64144

1. Entity Name
SLOAN-KENDALL REALTY, INC.

Principal Place of Business
**9322 N MILITARY TRAIL
 PALM BEACH GARDENS FL 33410**

Mailing Address
**P.O. BOX 31255
 PALM BEACH GARDENS FL 33420
 US**

00009074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9322 N. Military Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palm Beach Gardens

4. FEI Number **65-0355972**

Applied For

Not Applicable

Zip

Country

Zip
33410

Country

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

**DAVID KENDALL
 5 ALFORD CT
 PALM BEACH GARDENS FL 33418**

Name
DAVID KENDALL

Street Address (P.O. Box Number is Not Acceptable)
9322 N. Military Trail

City
Palm Beach Gardens

FL

Zip Code
33410

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 **David Kendall**
 Signature, typed or printed name of registered agent and title if applicable.

DAVID KENDALL

1/17/01

(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 NAME STREET ADDRESS CITY-ST-ZIP	P KENDALL, DAVID 5 ALFORD CT PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENDALL, DANES S 5 ALFORD CT PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9322 N. Military Tr 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S DAVID KENDALL 9322 N. Military Tr Palm Beach Gardens FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

David Kendall Pres DAVID KENDALL

1/17/01 561/624-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)