

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095539

1. Entity Name

KBW & ASSOCIATES, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90851 034 ***150.00

Principal Place of Business

Mailing Address

4002 DELLBROOK DR
TAMPA FL 33624
US

40002 DELLBROOK DR.
TAMPA FL 33624

2. Principal Place of Business

17306 Parrish Grove Rd.

Suite, Apt. #, etc.

3. Mailing Address

17306 Parrish Grove Rd.

Suite, Apt. #, etc.

City & State

Dade City FL

FL

Zip
33523

Country

City & State

Dade City FL

Zip
33523

Country

4. FEI Number

59-3543247

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

SELLERS, STEVEN E
318 NORTH CALHOUN ST.
TALLAHASSEE FL 32301

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

Jennifer H. Borregard Jennifer H. Borregard

Signature, type 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 ☐ Delete
NAME D
STREET ADDRESS BORREGARD, JENNIFER
CITY-ST-ZIP 40002 DELLBROOK DR.
TAMPA FL 33624

TITLE ☒ Change ☐ Addition
NAME Borregard, Jennifer
STREET ADDRESS 17306 Parrish Grove Rd
CITY-ST-ZIP Dade City, FL 33523

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Jennifer H. Borregard Jennifer H. Borregard

4-25-00

(352) 567-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)