

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** A93000001147

**1. Entity Name**  
KENCO WYCLIFFE ASSOCIATES, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

**Principal Place of Business**  
1000 CLINT MOORE ROAD, SUITE 110  
BOCA RATON FL 33487

**Mailing Address**  
1000 CLINT MOORE ROAD, SUITE 110  
BOCA RATON FL 33487-2847



**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0492332  
☐ Applied For  
☒ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
  
ENDELSON, KENNETH M  
1000 CLINT MOORE ROAD, SUITE 110  
BOCA RATON FL 33487

**7. Name and Address of New Registered Agent**  
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. Capital Contributions** as Shown on record. **\$1,500,000.00**

**10. Amount of Capital Contributions** in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P930000069884	STREET ADDRESS	
NAME	KENCO WYCLIFFE, INC.	CITY - ST - ZIP	
STREET ADDRESS	1000 CLINT MOORE ROAD, SUITE 110		
CITY - ST - ZIP	BOCA RATON FL 33487		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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\*\*\*\*\*535.00 \*\*\*\*\*535.00

**14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** Spencer A. Matthews **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 4/25/00 Daytime Phone #: 561-997-5760