

2002 UNIFORM BUSINESS REPORT (UBR)

0015145 AT

DOCUMENT # A98000000354

1. Entity Name

KANE COMMUNITIES OF AUDUBON, LTD.

FILED

02 APR 30 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

15 EIGHTH STREET, SUITE B
BONITA SPRINGS FL 34134

Mailing Address

15 EIGHTH STREET, SUITE B
BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0816286

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

DIAMOND, LAWRENCE J
C/O ACKERMAN, LINK & SARTONY
222 LAKEVIEW AVENUE, SUITE 1250
WEST PALM BEACH FL 33401

Name

RICHARD L. RANSOM

Street Address (P.O. Box Number is Not Acceptable)

15 EIGHTH STREET, SUITE B

City

BONITA SPRINGS

FL

Zip Code
34134

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 X

[Signature] CFO

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

4/26/02

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,000.00

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 # P98000011481
NAME KANE COMMUNITIES OF AUDUBON, INC.
STREET ADDRESS 2972 GARDENS BLVD.
CITY-ST-ZIP NAPLES FL 34105

STREET ADDRESS

15 EIGHTH STREET, SUITE B

CITY-ST-ZIP

BONITA SPRINGS, FL 34134

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: X *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/02

DATE

941-948-7042

DAYTIME PHONE #

CR2E003 (9/01)