

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000849

1. Entity Name

WELLINGTON PLACE AT KENSINGTON, LTD.

Principal Place of Business

8465 MYSTIC GREENS WAY, SUITE 2201
NAPLES FL 34113

Mailing Address

8465 MYSTIC GREENS WAY, SUITE 2201
NAPLES FL 34113-0627

FILED

00 MAR 13 AM 11:32

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4375 Dover Court

Suite, Apt. #, etc.

#102

City & State

Naples, FL

Zip

34105

Country

U.S.A.

3. Mailing Address

4375 Dover Court

Suite, Apt. #, etc.

#102

City & State

Naples, FL

Zip

34105

Country

U.S.A.

4. FEI Number

59-3505569

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, R. SCOTT ESQ.

C/O KELLY, PRICE, ET AL

2640 GOLDEN GATE PARKWAY, SUITE 315

NAPLES FL 34105

7. Name and Address of New Registered Agent

Name

Bateman, Arthur L.

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

4375 Dover Court, #102

City

Naples,

FL

Zip Code

34105

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

P97000098321
WELLINGTON PLACE AT KENSINGTON, INC.
8465 MYSTIC GREENS WAY, SUITE 2201
NAPLES FL 34113

13. ADDRESS CHANGES ONLY

STREET ADDRESS

4375 Dover Court, #102

CITY - ST - ZIP

Naples, FL 34105

STREET ADDRESS

CITY - ST - ZIP

100003184241--1
-03/27/00--01005--016
****526.25 ****526.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

CR2E003 (9/99)