

2001 UNIFORM BUSINESS REPORT (UBR)

0010788 AF

DOCUMENT # **A98000000849**

1. Entity Name

WELLINGTON PLACE AT KENSINGTON, LTD.

FILED

APR 12 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**4375 DOVER COURT
#102
NAPLES FL 34105**

Mailing Address

**4375 DOVER COURT
#102
NAPLES FL 34105**

2. Principal Place of Business

**4771 Alberton Court
Suite, Apt. #, etc.
#3502**

3. Mailing Address

**4771 Alberton Court
Suite, Apt. #, etc.
#3502**

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3505569

Applied For

Not Applicable

Zip
34105

Country
USA

Zip
34105

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BATEMAN, ARTHUR L
4375 DOVER COURT, #102
NAPLES FL 34105**

7. Name and Address of New Registered Agent

Name
Bateman, Arthur L.
Street Address (P.O. Box Number is Not Acceptable)
4771 Alberton Court, #3502
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. **\$1,500,000.00**

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

DOCUMENT # **P97000098321**
NAME **WELLINGTON PLACE AT KENSINGTON, INC.**
STREET ADDRESS **4375 DOVER COURT, #102**
CITY-ST-ZIP **NAPLES FL 34105**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4771 Alberton Court, #3502**
CITY-ST-ZIP **Naples, FL 34105**

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 #

12-28-01 (94)430-1012

CR2E003 (11/00)