

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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DOCUMENT # **A99000000821**

1. Entity Name:

**KENCO COMMUNITIES AT THE RANCH LIMITED PARTNERSH**

01 MAY -1 PM 4: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0957559** 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.) (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions  
as Shown on record. **\$0.00**

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 # **P99000025998**  
NAME **KENCO COMMUNITIES AT THE RANCH, INC.**  
STREET ADDRESS **1000 CLINT MOORE ROAD, SUITE 110**  
CITY-ST-ZIP **BOCA RATON FL 33487**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

**JUDY MATTHEWS GRAY**

**4/28/01**

Date

**561-947-5760**

Daytime Phone #

CR2E003 (11/00)