

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90175 035 \*\*\*150.00

DOCUMENT # **F95000001423**

1. Entity Name

**KENILWORTH, INC**

Principal Place of Business

Mailing Address

**40 Westminister St**

**same**

**Providence, RI 02940**

2. Principal Place of Business

**40 Westminister St**

3. Mailing Address

**40 Westminister St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Providence RI**

City & State

**Providence, RI**

Zip

**02940**

Country

**USA**

Zip

**02940**

Country

**USA**

4. FEI Number

**25-1692848**

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

**Corporation Service Company  
 1201 Hays Street  
 Tallahassee, Florida 32301**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Ramon J. Munoz	
STREET ADDRESS	4550 No. Point Pkwy, Suite 400	
CITY-ST-ZIP	Alpharetta, GA 30022	
TITLE	Vice President - Tax	<input type="checkbox"/> Delete
NAME	Kathleen A. Smith	
STREET ADDRESS	40 Westminister St.	
CITY-ST-ZIP	Providence RI 02940	
TITLE	VP and Treasurer	<input type="checkbox"/> Delete
NAME	Brian F. Lynn	
STREET ADDRESS	40 Westminister St	
CITY-ST-ZIP	Providence RI 02940	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Patricia L. Norton	
STREET ADDRESS	4550 No. Point Pkwy, Suite 400	
CITY-ST-ZIP	Alpharetta, GA 30022	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	Franklin D. Lea	
STREET ADDRESS	4550 No. Point Pkwy, Suite 400	
CITY-ST-ZIP	Alpharetta, GA 30022	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Elizabeth C. Perkins	
STREET ADDRESS	40 Westminister St	
CITY-ST-ZIP	Providence RI 02940	

TITLE	Asst. Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles J. Greenisen	
STREET ADDRESS	4550 North Point Pkwy, Suite 400	
CITY-ST-ZIP	Alpharetta, GA 30022	
TITLE	Asst. Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew L. Much	
STREET ADDRESS	4550 North Point Pkwy, Suite 400	
CITY-ST-ZIP	Alpharetta, GA 30022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Elizabeth C. Perkins*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Elizabeth C. Perkins**

Date

Daytime Phone #

**401-621-4200**

CR2E034 (11/00)