

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015279

1. Entity Name

KELCO ASSOCIATION MANAGEMENT, LLC

FILED

01 APR 25 AM 7:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

2700 S. Commerce PKWAY

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 313

City & State  
Weston, FL

City & State

4. FEI Number

65-1062729

Applied For

Not Applicable

Zip  
33331

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kelley D. SLAY  
2700 S. Commerce PARKWAY  
Ste. 313  
Weston, FL 33331

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
Kelley D. SLAY  
2700 S. Commerce PARKWAY  
Weston, FL 33331  
Ste. 313

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100004164011-0  
-05/09/01--01009--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
Richard J. Spillett  
17 DUNBAR CIRCLE  
PALM BEACH Gdns, FL 33148

TITLE  
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CITY-ST-ZIP

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Kelley D. SLAY 4/18/01 954-384-2478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)