

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013435 AF

**DOCUMENT # M97000000405**

1. Entity Name  
**K & S WATERFORD LAKES, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB 15 PM 1:58

Principal Place of Business  
C/O KALIKOW DEVELOPMENT ASSOCIATES, LTD.  
7001 BRUSH HOLLOW ROAD  
WESTBURY NY 11509

Mailing Address  
C/O KALIKOW DEVELOPMENT ASSOCIATES, LTD.  
7001 BRUSH HOLLOW ROAD  
WESTBURY NY 11590-1743



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **11-3383249**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 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 FL 32301-2525**

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**

**FILE**

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
KALIKOW DEVELOPMENT ASSOCIATES, LTD.  
7001 BRUSH HOLLOW ROAD  
WESTBURY NY 11590**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**2/8/00 516-876-4800**

Date

Daytime Phone #

CR2E083 (9/99)