

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000046433**

1. Entity Name

**KENCO COMMUNITIES I, INC.**

Principal Place of Business

**1000 CLINT MOORE ROAD  
SUITE 110  
BOCA RATON FL 33487**

Mailing Address

**1000 CLINT MOORE ROAD  
SUITE 110  
BOCA RATON FL 33487-2847**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0424969**

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****FINKELSTEIN, RICHARD  
1000 CLINT MOORE ROAD, SUITE 110  
BOCA RATON FL 33487**

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	ENDELSON, KENNETH M	
STREET ADDRESS	1000 CLINT MOORE ROAD, SUITE 110	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	VPTS	<input type="checkbox"/> Delete
NAME	FINKELSTEIN, RICHARD	
STREET ADDRESS	1000 CLINT MOORE ROAD, SUITE 110	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MARKS, EVAN	
STREET ADDRESS	520 MADISON AVE., 33RD FLOOR	
CITY-ST-ZIP	NEW YORK NY	

TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	WEINER, ROSS S	
STREET ADDRESS	520 MADISON AVE, 33RD FLOOR	
CITY-ST-ZIP	NEW YORK NY	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY MATTHEWS GRAY	
STREET ADDRESS	1000 CLINT MOORE RD, STE 110	
CITY-ST-ZIP	BOCA RATON FL 33487	

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

561-997-5760

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90014 048 \*\*\*158.75



DO NOT WRITE IN THIS SPACE