2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2000 8:00 am Secretary of State DOCUMENT # **P93000069884** 1. Entity Name KENCO WYCLIFFE, INC. 04-29-2000 90009 003 ***158.75 Mailing Address Principal Place of Business 1000 CLINT MOORE RD. 1000 CLINT MOORE RD. SUITE 110 SHITE 110 TUUTUUTU. BOCA RATON FL 33487-2847 BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0442001 Not Applicable Country Zip Country Zip \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FINKELSTEIN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1000 CLINT MOORE ROAD SUITE 110 **BOCA RATON FL 33487** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D Change Addition DPS TITLE TITLE ☐ Defete JUDY MATTHEWS GRAY FINKELSTEIN, RICHARD NAME 1000 CLINT MOORE RD., STE 110 1000 CLINT MOORE RD., SUITE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE ENDELSON, KENNETH M NAME NAME 1000 CLINT MOORE RD., SUITE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ___ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition Change TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.