2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # **P93000069884** KENCO WYCLIFFE, INC. 05-11-2001 90018 046 ***158.75 Principal Place of Business Mailing Address 1000 CLINT MOORE RD. 1000 CLINT MOORE RD. SUITE 110 SUITE 110 **BOCA RATON FL 33487** BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0442001 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) DPS TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME FINKELSTEIN, RICHARD STREET ADDRESS STREET ADDRESS 1000 CLINT MOORE RD., SUITE 110 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition TITLE DT ☐ Delete TITLE NAME ENDELSON, KENNETH M STREET ADDRESS STREET ADDRESS 1000 CLINT MOORE RD., SUITE 110 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE D ☐ Delete TITLE Change ☐ Addition NAME GRAY, JUDY M NAME STREET ADDRESS STREET ADDRESS 1000 CLINT MOORE RD STE 110 CITY-ST-7IP CITY-ST-7IP **BOCA RATON FL 33487** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME 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

561-997-5760

SIGNATURE

Judy Matthews Stay Judy Matthews GRAY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

3.9.01

Daytime Phone #