

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084297

1. Entity Name

VCP-KENSINGTON, INC.

Principal Place of Business

3020 Hartley Road, Ste. 300  
Jacksonville, FL 32257

Mailing Address

3020 Hartley Road, Ste. 300  
Jacksonville, FL 32257

2. Principal Place of Business

3020 Hartley Road

3. Mailing Address

3020 Hartley Road

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32257

Country

USA

Zip

32257

Country

USA

6. Name and Address of Current Registered Agent

FARRELL, MARK T  
3020 Hartley Road, Ste. 300  
Jacksonville, FL 32257

7. Name and Address of New Registered Agent

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.

April 4, 2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROOD, JOHN D	
STREET ADDRESS	3030 HARTLEY ROAD, SUITE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME	FARRELL, MARK T	
STREET ADDRESS	3020 HARTLEY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John D. Rood	
STREET ADDRESS	3020 Hartley Road, Ste 300	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	VP, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernard E. Smith	
STREET ADDRESS	3020 Hartley Road, Suite 300	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	VP, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark T. Farrell	
STREET ADDRESS	3020 Hartley Road, Suite 300	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry Conway	
STREET ADDRESS	3020 Hartley Road, Suite 300	
CITY-ST-ZIP	Jacksonville, FL 32257	
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		

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:

*Mark T. Farrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2000

(904) 260-3030

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)