

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068433

1. Entity Name

KENLEE ENTERPRISES, INC.

**FILED**  
May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90042 031 \*\*\*150.00

Principal Place of Business

Mailing Address

3736 KIRKWOOD CIRCLE  
LANTANA FL 33462

3736 KIRKWOOD CIRCLE  
LANTANA FL 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

WITHROW, JAMES T  
PMB 187  
6900-29 DANIELS PKWY  
FORT MYERS FL 33912

Name

WONNACOTT Lela M

Street Address (P.O. Box Number is Not Acceptable)

3736 KIRKWOOD CIRCLE

City

LANTANA

FL

Zip Code

33462

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

*Lela May Wonnacott*  
Signature, typed or printed name of registered agent and title if applicable

*Lela May Wonnacott*  
(NOTE: Registered Agent signature required when reinstating)

*4/23/00*  
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 ☐ Delete  
NAME P  
STREET ADDRESS WONNACOTT, KENNETH  
CITY-ST-ZIP 3736 KIRKWOOD CIRCLE  
LANTANA FL 33462

TITLE ☐ Change ☒ Addition  
NAME V-T-S  
STREET ADDRESS WONNACOTT LELA  
CITY-ST-ZIP 3736 KIRKWOOD CIRCLE  
LANTANA FL 33462

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Kenneth Wonnacott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-20-00 5619689929*

CR2E034 (9/99)