

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90031 018 \*\*\*158.75

**DOCUMENT # 190331**

1. Entity Name

**WILSONMILLER, INC.**

Principal Place of Business

Mailing Address

3200 BAILEY LANE  
 SUITE 200  
 NAPLES FL 34105  
 US

3200 BAILEY LANE  
 SUITE 200  
 NAPLES FL 34105-8523  
 US

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

**59-0761871**

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

**DANCA, GARY L**  
**3200 BAILEY LANE**  
**SUITE 200**  
**NAPLES FL 34105**

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          | VD                     | <input type="checkbox"/> Delete |
| NAME           | KENNEDY, MICHAEL A     |                                 |
| STREET ADDRESS | 1112 MARIGOLD DR       |                                 |
| CITY-ST-ZIP    | BRADENTON FL 34202     |                                 |
| TITLE          | STD                    | <input type="checkbox"/> Delete |
| NAME           | DANCA, GARY L          |                                 |
| STREET ADDRESS | 4145 PINE RIDGE RD EXT |                                 |
| CITY-ST-ZIP    | NAPLES FL 34119        |                                 |
| TITLE          | VD                     | <input type="checkbox"/> Delete |
| NAME           | DURHAM, TIMOTHY P      |                                 |
| STREET ADDRESS | 3220 70TH ST SW        |                                 |
| CITY-ST-ZIP    | NAPLES FL 34105        |                                 |
| TITLE          | VD                     | <input type="checkbox"/> Delete |
| NAME           | GIBALA, GEORGE G       |                                 |
| STREET ADDRESS | 1940 51ST ST SW        |                                 |
| CITY-ST-ZIP    | NAPLES FL 34116        |                                 |
| TITLE          | VD                     | <input type="checkbox"/> Delete |
| NAME           | WHITE, ARLEN D         |                                 |
| STREET ADDRESS | 9002 HUNTINGTON PT. DR |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34238      |                                 |
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | REYNOLDS, ALAN D       |                                 |
| STREET ADDRESS | 5540 12TH AVE SW       |                                 |
| CITY-ST-ZIP    | NAPLES FL 34116        |                                 |

|                |                         |   |
|----------------|-------------------------|---|
| TITLE          | VD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> |
| NAME           | FERMIN A. DIAZ          |   |
| STREET ADDRESS | 5156 10TH AVENUE SW     |   |
| CITY-ST-ZIP    | NAPLES-FL-34116         |   |
| TITLE          | VD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> |
| NAME           | JOHN E. BOUTWELL        |   |
| STREET ADDRESS | 4760 13TH AVENUE SW     |   |
| CITY-ST-ZIP    | NAPLES-FL-34116         |   |
| TITLE          | VD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> |
| NAME           | GEORGIANNE D. RATLIFF   |   |
| STREET ADDRESS | 11300 Suncrest Place    |   |
| CITY-ST-ZIP    | Temple Terrace-FL-33617 |   |
| TITLE          | V                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> |
| NAME           | BRUCE A. RANKIN         |   |
| STREET ADDRESS | 1209 Sunbury Drive      |   |
| CITY-ST-ZIP    | Ft. Myers-FL-33901      |   |
| TITLE          | V                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> |
| NAME           | J. MICHAEL BELL         |   |
| STREET ADDRESS | 376 Pine Ranch Trail    |   |
| CITY-ST-ZIP    | Osprey-FL-34229         |   |
| TITLE          | V                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> |
| NAME           | ROBERT R. CUNNINGHAM    |   |
| STREET ADDRESS | 4567 McIntosh Lane      |   |
| CITY-ST-ZIP    | Sarasota-FL-34232       |   |

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

SIGNATURE: Gary L. Danca (Gary L. Danca)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 31, 2000 Date (941) 649-4040 Daytime Phone #