

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 198776**

1. Entity Name  
**THE IDLEWYLD CORPORATION, INC.**

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90025 030 \*\*\*150.00

|   |   |
|---|---|
| Principal Place of Business<br>662 AZALEA LN<br>P.O. BOX 1117<br>VERO BEACH FL 32961-1117<br>US | Mailing Address<br>662 AZALEA LN<br>P.O. BOX 1117<br>VERO BEACH FL 32961-1117<br>US |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number                    | 59-1961234               | Applied For                    |
|                                  |                          | Not Applicable                 |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent  
**COLLINS, BROWN & CALDWE C**  
**756 BEACHLAND BOULEVARD**  
**VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State  |
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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                      | PD <input type="checkbox"/> Delete  |
| NAME                       | OUGHTRED, G.F.                      |
| STREET ADDRESS             | 1085 WINDING RIVER RD.              |
| CITY-ST-ZIP                | VERO BEACH FL 32963                 |
| TITLE                      | STD <input type="checkbox"/> Delete |
| NAME                       | OUGHTRED, WE                        |
| STREET ADDRESS             | 662 AZALEA LN                       |
| CITY-ST-ZIP                | VERO BCH FL                         |
| TITLE                      | VD <input type="checkbox"/> Delete  |
| NAME                       | RATHBUN, RONALD L.                  |
| STREET ADDRESS             | 662 AZALEA LN                       |
| CITY-ST-ZIP                | VERO BEACH FL                       |
| TITLE                      | D <input type="checkbox"/> Delete   |
| NAME                       | OUGHTRED, R W                       |
| STREET ADDRESS             | 662 AZALEA LN                       |
| CITY-ST-ZIP                | VERO BCH FL                         |
| TITLE                      | D <input type="checkbox"/> Delete   |
| NAME                       | OUGHTRED, JOAN                      |
| STREET ADDRESS             | 1085 WINDING RIVER RD.              |
| CITY-ST-ZIP                | VERO BEACH FL 32963                 |
| TITLE                      | <input type="checkbox"/> Delete     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| 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   |   |
| 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   |   |
| 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: *G.F. Oughtred* **REQUIRE G.F. OUGHTRED** **PRESIDENT** **FEB 22/00** **561 2314425**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E094 (9/99)