

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90053 014 ***158.75

DOCUMENT # 679386

1. Entity Name

W.W. WINDLE COMPANY

Principal Place of Business

Mailing Address

1700 PALM BCH. LAKES BLVD
 #580
 W. PALM BCH. FL 33401
 US

1700 PALM BCH. LAKES BLVD
 #580
 W. PALM BCH. FL 33401-2006
 US

2. Principal Place of Business

3. Mailing Address

60 COUNTRY RD. S.
 Suite, Apt. #, etc.

60 COUNTRY RD. S.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VILLAGE OF GOLF, FL

City & State

VILLAGE OF GOLF, FL

4. FEI Number

04-1978430

Applied For

Not Applicable

Zip
33436

Country
US

Zip
33436

Country
US

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

MIRKIN, MARK H.
1700 PALM BEACH LAKES BLVD., #580
WEST PALM BEACH FL 33401

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PTD WINDLE, WINSTONE W	1700 PALM BEACH LAKES BLVD #580 WEST PALM BEACH FL		<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PTD WINDLE, WINSTONE W			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	PTD WINDLE, WINSTONE W	60 COUNTRY RD. S.	BOYNTON Bch FL 33436	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	VP, S WINDLE, MARY	60 Country Rd S.	Boynton Bch FL 33436	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *W.W. Windle*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.
 Date: **3/1/00**

Daytime Phone #