

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90125 023 \*\*\*150.00

**DOCUMENT # F08288**

1. Entity Name

**THE WINDLOCH CORPORATION**

Principal Place of Business

11311 TAMiami TR.  
PUNTA GORDA FL 33955

Mailing Address

11311 TAMiami TR.  
PUNTA GORDA FL 33955

2. Principal Place of Business

1021 Bay Harbor Drive  
Suite, Apt. #, etc.

3. Mailing Address

1021 Bay Harbor Drive  
Suite, Apt. #, etc.

City & State

Englewood FL

City & State

Englewood FL

4. FEI Number

59-2057302

Applied For

Not Applicable

Zip

34224-5212

Country

USA

Zip

34224-5212

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURYEY, RUSSELL  
1021 BAY HARBOR DR.  
ENGLEWOOD FL 33952

7. Name and Address of New Registered Agent

Name

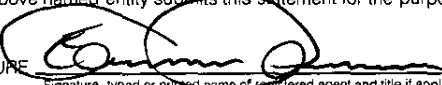
Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

E. Russell Duryea

3/29/01

(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, 2001 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 VPS  
NAME DURYEY, E. RUSSELL  
STREET ADDRESS 1021 BAY HARBOR DR.  
CITY-ST-ZIP ENGLEWOOD FL ☐ Delete

TITLE PT  
NAME DURYEY, LINDA A  
STREET ADDRESS 1021 BAY HARBOR DR  
CITY-ST-ZIP ENGLEWOOD FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 E. Russell Duryea

Date

Daytime Phone #

3/29/01 (941) 474-0317

CR2E034 (10/00)

0538323