

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K20815

1. Entity Name

THE GOLDEN WHISK, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90096 047 \*\*\*150.00

Principal Place of Business

7932 FLAGLER COURT SOUTH  
 WEST PALM BEACH FL 33405

Mailing Address

~~MENDOZA, GALLAG & SCHILLING~~  
 251 ROYAL PALM WAY . P.O. BOX 2715  
 PALM BEACH FL 33480-2715

2. Principal Place of Business

3. Mailing Address  
 c/o Mendoza and Callas

Suite, Apt. #, etc.

251 Royal Palm Way, PO Box 2715

DO NOT WRITE IN THIS SPACE

City & State

City & State  
 Palm Beach, FL

4. FEI Number 65-0044810

Applied For

Not Applicable

Zip

Country

Zip  
 33480-2715

Country

USA

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

~~MENDOZA, GALLAG & SCHILLING~~  
~~251 ROYAL PALM WAY, SIXTH FLOOR~~  
~~SIXTH FLOOR~~  
~~PALM BEACH FL 33480-1310~~

Name  
 Mario G. de Mendoza, III

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

251 Royal Palm Way, Suite 602

City  
 Palm Beach

FL

Zip  
 33480

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

Mario G. de Mendoza, III, Reg. Agt

2/8/00

Signature, typed or printed name of registered agent and date 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 AS ☐ Delete  
 NAME MENDOZA, MARIO G. DE III  
 STREET ADDRESS 251 ROYAL PALM WAY  
 CITY-ST-ZIP PALM BEACH FL

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

TITLE PD ☐ Delete  
 NAME RITCH, LESLIE M.  
 STREET ADDRESS 251 ROYAL PALM WAY  
 CITY-ST-ZIP PALM BEACH FL

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

TITLE ST ☐ Delete  
 NAME MCINTOSH, DAVID  
 STREET ADDRESS 251 ROYAL PALM WAY  
 CITY-ST-ZIP PALM BEACH FL

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

TITLE AS ☐ Delete  
 NAME WILKINSON, DEBRA  
 STREET ADDRESS 251 ROYAL PALM WAY  
 CITY-ST-ZIP PALM BEACH FL

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  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie M. Ritch, Pres. 4-30-2000 (561) 533-7932

Date

Daytime Phone #

CR2E034 (9/99)