

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90014 012 \*\*\*\*61.25

**DOCUMENT # N36908**

1. Entity Name

**WELLINGTON MALL TENANTS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

12794 W. FOREST HILL BLVD.  
 WELLINGTON FL 33414  
 US

675 ROYAL PALM BCH. BLVD.  
 ROYAL PALM BCH. FL 33411-7635  
 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

4. FEI Number

**65-0175919**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SANTAMARIA, JESS R.**  
**675 ROYAL PALM BEACH BLVD.**  
**ROYAL PALM BEACH FL 33411**

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

(Type or print name of registered agent and state if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANTAMARIA, JESS R	
STREET ADDRESS	675 ROYAL PALM BEACH BLVD.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILITELLO, DOROTHY	
STREET ADDRESS	12794 FOREST HILL BLVD., #11B	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOHNSON, GWENDOLYN	
STREET ADDRESS	12794 FOREST HILL BLVD., #2	
CITY-ST-ZIP	WELLINGTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/00

516-793-2350

Date

Daytime Phone #

CR2E037 (9/99)