

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

0060103

**DOCUMENT # N93000001820**

1. Entity Name

**WEDGEWOOD-FOUNTAIN, INC.**

03-11-2002 90027 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**13500 WORTHINGTON WAY  
 BONITA SPRINGS FL 34135  
 US**

**13500 WORTHINGTON WAY  
 BONITA SPRINGS FL 33923  
 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

**65-0405786**

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

**WEST, MARK  
 WORTHINGTON COUNTRY CLUB  
 13500 WORTHINGTON WAY  
 BONITA SPRINGS FL 34135**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE 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	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>LAIBERTE, ROBERT</b>	
STREET ADDRESS	<b>13962 SOUTHAMPTOD DRIVE #4402</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> Delete
NAME	<b>ZAGURSKY, JOSEPH</b>	
STREET ADDRESS	<b>13958 S. HAMPTON DR.4302</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> Delete
NAME	<b>BUTLER, WILLIAM</b>	
STREET ADDRESS	<b>28024 CAVENDISH CT. #5303</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>STRATHMAN, ARTHUR</b>	
STREET ADDRESS	<b>28028 CAVENDISH COURT #5402</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>QUARTANO, LARRY</b>	
STREET ADDRESS	<b>13928 S. HAMPTON DR. #3704</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
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:** *Robert Laiberte*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/15/02*  
 Date

Daytime Phone #

CR2E037 (9/01)