

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90199 028 ****61.25

DOCUMENT # N99000005488

1. Entity Name

THE WORD PLUS, INC.

Principal Place of Business 7954 ROYAL BIRKDALE CIR. BRADENTON FL 34202	Mailing Address 7954 ROYAL BIRKDALE CIR. BRADENTON FL 34202-2531
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00007373



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0967209	Applied For <input type="checkbox"/>	Not Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent WILLIAMS, VERSA CAROLYN 7954 ROYAL BIRKDALE CIR. BRADENTON FL 34202		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, VERSA CAROLYN	NAME	
STREET ADDRESS	7954 ROYAL BIRKDALE CIR.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	NP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, BRUCE L	NAME	
STREET ADDRESS	7954 ROYAL BIRKDALE CIR.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEM, BARBARA L	NAME	
STREET ADDRESS	7954 ROYAL BIRKDALE CIR.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BRIAN L REV	NAME	
STREET ADDRESS	7954 ROYAL BIRKDALE CIR.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BRENDA L	NAME	
STREET ADDRESS	7954 ROYAL BIRKDALE CIR.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	D, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGER, DANIEL S	NAME	Cashell, Karen M.
STREET ADDRESS	7954 ROYAL BIRKDALE CIR.	STREET ADDRESS	7954 Royal Birkdale Circle
CITY-ST-ZIP	BRADENTON FL 34202	CITY-ST-ZIP	Bradenton, FL 34202

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: Karen M. Cashell **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Karen M. Cashell, Sec./Treas., 120100 (941)907-019** **Date** **Daytime Phone #**