

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048900

1. Entity Name

WESCAR I. REALTY, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90106 001 *1,050.00

Principal Place of Business 375 DOUGLAS AVE SUITE 2006 ALTAMONTE SPRINGS FL 32714 US	Mailing Address 375 DOUGLAS AVE SUITE 2006 ALTAMONTE SPRINGS FL 32714-3315 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3322816	Applied For ☐ Not Applicable
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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

GEYS, LOUIS
 375 DOUGLAS AVE
 SUITE 2006
 ALTAMONTE SPRINGS FL 32714

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 _____ (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	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GEYS, LOUIS		NAME		
STREET ADDRESS	375 DOUGLAS AVE, SUITE 2006		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MOENSSENS, NOEL		NAME		
STREET ADDRESS	375 DOUGLAS AVE, SUITE 2006		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

Date: 4/20/00 407-862-5511 Daytime Phone #

CR2E034 (9/99)