

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 196077

1. Entity Name

W AND O INC

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90190 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

D/B/A RUSTIC INN  
4331 RAVENSWOOD RD.  
FT. LAUDERDALE FL 33312

Mailing Address

D/B/A RUSTIC INN  
4331 RAVENSWOOD RD.  
FT. LAUDERDALE FL 33312-5348

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0799000

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

OREAL, HENRY J  
2888 RIVERLAND RD.  
FT. LAUDERDALE FL

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OREAL, HENRY J	
STREET ADDRESS	77 SOUTH BIRCH RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCDONALD, WAYNE	
STREET ADDRESS	301 S.E. 3RD TERRACE	
CITY-ST-ZIP	DANIA FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	OREAL, WAYNE	
STREET ADDRESS	3010 EQUESTRIAN DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	OREAL, WAYNE	
STREET ADDRESS	5235 PRINCETON WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OREAL, HENRY J	
STREET ADDRESS	13795 RUFFNER LANE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	OREAL, WAYNE H	
STREET ADDRESS	4331 RAVENSWOOD RD	
CITY-ST-ZIP	FORT LAUDERDALE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:

*B. Wayne McDonald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
B. WAYNE MCDONALD

4/25/00

Date

954-584-1637

Daytime Phone #

CR2E034 (9/99)