

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90028 008 ***150.00

DOCUMENT # 238799

1. Entity Name

WACKENHUT SERVICES, INCORPORATED

Principal Place of Business

**4200 WACKENHUT DRIVE
 #100
 PALM BEACH GARDENS FL 33410
 US**

Mailing Address

**4200 WACKENHUT DRIVE
 #100
 PALM BEACH GARDENS FL 33410
 US**

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 **59-0940269**

Applied For

Not Applicable

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

**FINIZIA, F.E.
 4200 WACKENHUT DRIVE
 #100
 PALM BEACH GARDENS FL 33410-4243**

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, 2001 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
 NAME **WACKENHUT, GEORGE R.**
 STREET ADDRESS **131 BERMUDA BAY LANE**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **D/C** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☐ Delete
 NAME **WACKENHUT, RICHARD R.**
 STREET ADDRESS **135 SOUTH RIVER RD**
 CITY-ST-ZIP **STUART FL 34996-6311**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **63 Uno Lago Drive**
 CITY-ST-ZIP **Juno, FL 33408**

TITLE **DP** ☐ Delete
 NAME **LONG, JAMES III**
 STREET ADDRESS **10501 DENDEN ROAD**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10501 DENDEN ROAD**
 CITY-ST-ZIP

TITLE **SVP** ☒ Delete
 NAME **ROWAN, JAMES P**
 STREET ADDRESS **5628 EAGLE LAKE DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **GREEN, IAN A**
 STREET ADDRESS **12764 SW 15 ST**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **15888 118TH TERRACE**
 CITY-ST-ZIP **JUPITER FL 33478**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **PHILIP L. MASLOWE**
 STREET ADDRESS **OLD MARSH - 12900 BRYNWOOD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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

IAN A. GREEN, V.P. TAX

Date

Daytime Phone #

CR2E034 (10/00)