

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 501708

1. Entity Name

W.R. BORGEMEISTER, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90055 043 \*\*\*150.00

Principal Place of Business

Mailing Address

2523 N.W. LAKEVIEW DR.  
SEBRING FL 33870  
US

2523 N.W. LAKEVIEW DR.  
SEBRING FL 33870-2224  
US

2. Principal Place of Business

3. Mailing Address

425 S. Commerce Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Sebring, FL

4. FEI Number

59-1680298

Applied For

Not Applicable

Zip

Country

Zip

Country

33870

USA

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

TOMPKINS, JAMES E. ESQUIRE  
107 INTERLAKE BOULEVARD  
LAKE PLACID FL 33852

Name  
J. Michael Swaine

Street Address (P.O. Box Number is Not Acceptable)

425 South Commerce Avenue

City

Sebring

FL

Zip Code

33870

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.

J. Michael Swaine

(NOTE: Registered Agent signature required when reinstating)

April 3, 2000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
BORGEMEISTER, WILLIAM  
4403 LAKE HAVEN BLVD  
SEBRING FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
Borgemeister, William  
425 South Commerce Avenue  
Sebring, FL 33870 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

William Borgemeister, President

03-27-00

Date

Daytime Phone #

CR2E034 (9/99)