

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 524721

1. Entity Name

AWF, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90114 012 ***150.00

Principal Place of Business

646 E. PLANT ST.
~~PO BOX 770042~~ **Closed**
WINTER GARDEN FL 34787
US

Mailing Address

646 E. PLANT ST.
~~PO BOX 770042~~ **Closed**
WINTER GARDEN FL 34787-3135
US

2. Principal Place of Business

646 E. Plant St.

Suite, Apt. #, etc.

3. Mailing Address

646 E. Plant St.

Suite, Apt. #, etc.

City & State

Winter Garden, Fla.

City & State

Winter Garden, Fla.

Zip

34787

Country

USA

Zip

34787

Country

USA

4. FEI Number

59-1713263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOWLING, ST ELMO
646 E. PLANT ST.
WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

Name **~~DOWLING, ST ELMO~~**

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 **VPSD** ☐ Delete
NAME **DOWLING, ST ELMO**
STREET ADDRESS **646 E PLANT STREET**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **D** ☐ Delete
NAME **DOWLING, BESSIE M**
STREET ADDRESS **3406 SW 122 ST**
CITY-ST-ZIP **GAINESVILLE, FL 00000**

TITLE **PO** ☐ Delete
NAME **DOWLING, J. EDWARD**
STREET ADDRESS **260 E NEWELL STREET**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **TD** ☐ Delete
NAME **KNIGHT, TERRY D.**
STREET ADDRESS **3406 SW 122ND ST**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 11 2000

04/11/2000

Date

407-656-1886

Daytime Phone #