

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90373 024 ***150.00

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AV

DOCUMENT # 599145

1. Entity Name

WACKENHUT INTERNATIONAL, 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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1928071**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE WACKENHUT CORPORATION, ATTN: LEGAL DEPT
4200 WACKENHUT DRIVE
#100
PALM BEACH GARDENS FL 33410-4243**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	WACKENHUT, GEORGE R.	
STREET ADDRESS	270 BERMUDA BAY LAKE	
CITY-ST-ZIP	VERO BEACH FL 32983	
TITLE	D	<input type="checkbox"/> Delete
NAME	WACKENHUT, RICHARD R.	
STREET ADDRESS	63 UNO LAGO DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARRIZOSA, FERNANDO	
STREET ADDRESS	725 HARBOUR POINT DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREEN, IAN A	
STREET ADDRESS	15888 118TH TERRACE	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	MASLOWE, PHILIP	
STREET ADDRESS	OLD MARSH 12900 BRYNWOOD	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDRADE, MARY	
STREET ADDRESS	4200 WACKENHUT DR #100	
CITY-ST-ZIP	PBG FL 33410-4243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORROW, WILLIAM J.	
STREET ADDRESS	4200 Wackenhut Pr. #100	
CITY-ST-ZIP	P.B.G. FL 33410-4243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DSPINA, ERIC	
STREET ADDRESS	4200 Wackenhut DR #100	
CITY-ST-ZIP	PBG FL 33410-4243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)