

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90004 043 ***150.00

DOCUMENT # 640619

1. Entity Name
HEADWAY MANAGEMENT COMPANY

Principal Place of Business
1200 W RETTA ESPLANADE
SUITE 57-A
PUNTA GORDA FL 33950
US

Mailing Address
1200 W RETTA ESPLANADE
SUITE 57-A
PUNTA GORDA FL 33950
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **93-0754910**

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

7. Name and Address of New Registered Agent

WOTITZKY, EDWARD L
223 TAYLOR ST
PUNTA GORDA FL 33950

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 _____ (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, 2002 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	VD	<input type="checkbox"/> Delete
NAME	BURRIS, DAVID	
STREET ADDRESS	5555 ANGLERS AVE., STE. 1	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PIAZZA, ALBERT C	
STREET ADDRESS	5555 ANGLERS AVE., STE. 1	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WILHITE, BARRY A	
STREET ADDRESS	1200 W RETTA ESPLANADE #58	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KERRIGAN, PAUL	
STREET ADDRESS	5555 ANGLERS AVE., STE. 1	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 of 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: *David Burris*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/13/02** Daytime Phone # **954 620-1000**

CR2E034 (9/01)