## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F0000001091  1. Entity Name WET 'N WILD INTERNATIONAL, INC.					N1ay 08, 2002 8:00 am Secretary of State 05-08-2002 90128 042 ***150.00		
Principal Place of Business 50 N LAURA STREET 3400 JACKSONVILLE FL 32202		Mailing Address 50 N LAURA STREET 3400 JACKSONVILLE FL 32202					
2. Principal Place of Business One West Adams Street Suite, Apt. #, etc. 2nd Floor		3. Mailing Address  One West Adams Street  Suite, Apt. #, etc.  2nd Floor			DO NOT WRITE IN THIS SPACE		
City & State  Jacksonville, FL		City & State  Jacksonville, FL		4.	75-2424452		oplied For ot Applicable
Zip 32202	Country USA	Zip 32202	Country USA	5. (	Certificate of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent		7. 1	Name and Address of New Regis	stered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! FEE After May 1, 2002 Fee				ture required when re		DATE \$5.0	<b>0</b> May Be
(See criter	ria on back)	Make Check Payable	to Departmer		DDITIONS/CHANGES TO OFFICE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDMAN, NATHAN D 50 N LAURA STREET STE 3400 JACKSONVILLE FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Goldman	n, Nathan D. st Adams St., 2nd nville, FL 32202	XI Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DREW, RANDAL H 50 N LAURA STREET STE 3400 JACKSONVILLE FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D X Change Addition Drew, Randal H. One West Adams St., 2nd Floor Jacksonville, FL 32202			☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GRIGGS, GWEN H 50 N LAURA STREET STE 3400 JACKSONVILLE FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D X Change Addition Griggs, Gwen Hutcheson One West Adams St., 2nd Floor Jacksonville, FL 32202			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Barkley One Wes		□ Change Floor	noilibbA 🛣
TITLE NAME STREET ADDRESS ( CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE		□ Delete	TITLE	<del></del>		☐ 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition