

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

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

04-11-2002 90670 048 ***150.00

DOCUMENT # F01000000059

1. Entity Name

WI ULTRACORP OF FLORIDA, INC.

Principal Place of Business

~~1600 WALDEN CENTER DRIVE~~
~~BONITA SPRINGS, FL 34134~~

Mailing Address

~~1600 WALDEN CENTER DRIVE~~
~~BONITA SPRINGS, FL 34134~~

2. Principal Place of Business

24301 Walden Center Drive

Suite, Apt. #, etc.

Suite 300

City & State

Bonita Springs, FL

3. Mailing Address

24301 Walden Center Drive

Suite, Apt. #, etc.

Suite 300

City & State

Bonita Springs, FL

Zip

34134

Country

USA

Zip

34134

Country

USA

4. FEI Number

59-3684971 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~CORPORATION COMPANY OF MIAMI~~
~~1600 WALDEN CENTER DRIVE~~
~~201 SOUTH BISCAYNE BLVD~~
~~MIAMI, FL 33134~~

7. Name and Address of New Registered Agent

Name Vivien N. Hastings

Street Address (P.O. Box Number is Not Acceptable)
24301 Walden Center Drive

Suite 300

City Bonita Springs

FL

Zip Code 34134

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).

Vivien N. Hastings

04/29/02

(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

TITLE **PD** ☐ Delete
 NAME **PAGE, GEORGE J**
 STREET ADDRESS **24301 WALDEN CENTER DRIVE, SUITE 300**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **VD** ☐ Delete
 NAME **HANLON, CHRISTOPHER J**
 STREET ADDRESS **24301 WALDEN CENTER DRIVE, SUITE 300**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **VD** ☐ Delete
 NAME **KLECKER, JAMES-**
 STREET ADDRESS **24301 WALDEN CENTER DRIVE, SUITE 300**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **SDX ST** ☒ Delete
 NAME **DUMMUCK, MELANIE H**
 STREET ADDRESS **24301 WALDEN CENTER DRIVE, SUITE 300**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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 **VD** ☐ Change ☒ Addition
 NAME **John Gora**
 STREET ADDRESS **24301 Walden Center Drive**
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **ST** ☒ Change ☐ Addition
 NAME **Marcienne Tiebout-Touron**
 STREET ADDRESS **24301 Walden Center Dr Suite 300**
 CITY-ST-ZIP **Bonita Springs, FL 34134**

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

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

Marcienne Tiebout-Touron, Secretary

04/02/02

Date

Daytime Phone #

CR2E034 (9/01)