

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # F27706

1. Entity Name

LEE WETHERINGTON HOMES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 JUL 31 AM 10:47

Principal Place of Business	Mailing Address
5009 Business Blvd. Sarasota, FL 34240	5009 Business Blvd Sarasota, FL 34240

2. Principal Place of Business	3. Mailing Address
5009 Business Blvd.	5009 Business Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Sarasota, FL	Sarasota, FL
Zip	Zip
34240	34240
Country	Country
USA	USA

4. FEI Number	Applied For
59-2078021	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SABA, RICHARD D
2033 MAIN STREET
SUITE 303
SARASOTA, FL 34237

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable _____ 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	PD	<input type="checkbox"/> Delete
NAME	WETHERINGTON, LELAND C	
STREET ADDRESS	5009 BUSINESS BLVD	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	DAVIE, CECELIA	
STREET ADDRESS	5009 BUSINESS BLVD.	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HUNIHAN, DAVID	
STREET ADDRESS	5009 BUSINESS BLVD	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MENKE, WENDELL	
STREET ADDRESS	5009 BUSINESS BLVD	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETHERINGTON, LELAND C.	
STREET ADDRESS	5009 BUSINESS BLVD	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIE, CECELIA	
STREET ADDRESS	5009 BUSINESS BLVD	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGER, WILLIAM B.	
STREET ADDRESS	5009 BUSINESS BLVD	
CITY-ST-ZIP	SARASOTA, FL 34240	
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 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

Date

Daytime Phone #

7/25/00 941-922-3480

CR2E034 (9/99)