

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006302

1. Entity Name

WINDERMERE ENTERTAINMENT, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90022 017 ***150.00

Principal Place of Business

Mailing Address

8702 SUMMERVILLE PLACE
 ORLANDO FL 32819
 US

8702 SUMMERVILLE PLACE
 ORLANDO FL 32836-5332
 US

2. Principal Place of Business

3. Mailing Address

8128 Granada Blvd
 Suite, Apt. #, etc.
 Orlando, FL

8128 Granada Blvd
 Suite, Apt. #, etc.
 Orlando, FL

City & State

City & State

4. FEI Number 59-3440624

Applied For
 Not Applicable

Zip 32836 Country US

Zip 32836 Country US

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

WILLIAMS, CATHERINE A
 8702 SUMMERVILLE PLACE
 ORLANDO FL 32819

Name Williams, Catherine A.
 Street Address (P.O. Box Number is Not Acceptable)
 8128 Granada Blvd
 City Orlando FL Zip Code 32836

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 Catherine Williams DATE Feb-16, 2000
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	WILLIAMS, CATHERINE A	
STREET ADDRESS	8702 SUMMERVILLE PLACE	
CITY-ST-ZIP	ORLANDO FL 32819	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8128 Granada Blvd	
STREET ADDRESS	Orlando, FL 32836	
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
NAME		
STREET ADDRESS		
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 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: Catherine Williams DATE Feb 16, 2000 909-1925
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)