

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000002414**

1. Entity Name

WYNNTON INTERNATIONAL, INC.

Principal Place of Business

**1430 WYNNTON RD.
COLUMBUS GA 31906**

Mailing Address

**1430 WYNNTON RD.
COLUMBUS GA 31906**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2381446**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TARKOW, STANLEY A ESQ.
WYNNTON GROUP INC.
511 BAY STREET, SUITE 309
TAMPA FL 33606**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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	OP	<input type="checkbox"/> Delete
NAME	SCHIFFMAN, ROBERT M	
STREET ADDRESS	1430 WYNNTON RD.	
CITY-ST-ZIP	COLUMBUS GA 31906	
TITLE	V	<input type="checkbox"/> Delete
NAME	TARKOW, STANLEY A	
STREET ADDRESS	1430 WYNNTON RD.	
CITY-ST-ZIP	COLUMBUS GA 31906	
TITLE	V	<input type="checkbox"/> Delete
NAME	PICKARD, WILLIAM W	
STREET ADDRESS	1430 WYNNTON RD.	
CITY-ST-ZIP	COLUMBUS GA 31906	
TITLE	V	<input type="checkbox"/> Delete
NAME	KLEBANOFF, KENNETH R	
STREET ADDRESS	1430 WYNNTON RD.	
CITY-ST-ZIP	COLUMBUS GA 31906	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	vis	<input checked="" 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		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN G. GREECH	
STREET ADDRESS	1430 WYNNTON ROAD	
CITY-ST-ZIP	COLUMBUS, GA 31906	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY L. REIS	
STREET ADDRESS	1430 WYNNTON ROAD	
CITY-ST-ZIP	COLUMBUS, GA 31906	

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: *Terry L. Reis* **TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01

Date

706/322-2914

Daytime Phone #

C0049427

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)