

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003270

1. Entity Name

WEB FINANCIAL GOVERNMENT LENDING, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90056 045 ***150.00

Principal Place of Business

Mailing Address

1210 SOUTH MYRTLE AVE.
CLEARWATER FL 33756

1210 SOUTH MYRTLE AVE.
CLEARWATER FL 33756-3425

00030206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6440 South Wasatch Blvd

3. Mailing Address

6440 South Wasatch Blvd.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Salt Lake City, UT

City & State

Salt Lake City, UT

Zip

84121

Country

Zip

84121

Country

4. FEI Number

13-4064018

Applied For

Not Applicable

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

NATIONAL CORPORATE RESEARCH LTD., INC.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
C
HOWARD, JACK
182 FARMERS LANE SUITE 101
SANTA ROSA CA 95405

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSCE
STANLEY, MITCHELL
1620 L STREET, NW SUITE 1210
WASHINGTON DC 20036

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

DP
Stanley, Mitchell
1620 L Street, NW Suite 1210
Washington, DC 20036

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WINOKUR, ANDREW
1308 MAIN STREET, SUITE 112
ST. HELENA CA

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

S
Crouchley, Peter
1000 Brown Street, Apt 15
St. Helena CA 94574

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

D
Jim Henderson
105 Brochant Circle
Blue Bell, PA 19422

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

Date

707-967-4070

Daytime Phone #

CR2E034 (9/99)