

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G85022

1. Entity Name

WAITS, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90071 019 \*\*\*150.00

Principal Place of Business

Mailing Address

901 NW S AVE  
BOCA RATON FL 33432  
US

901 NW S AVE  
#5  
BOCA RATON FL 33432  
US

2. Principal Place of Business

4018 WEATHERWOOD ESTATES DR  
Suite, Apt. #, etc.

3. Mailing Address

4018 WEATHERWOOD ESTATES DR  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-2377548

Applied For

Not Applicable

Zip

Country

32223

DUVAL

Zip

Country

32223

DUVAL

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

WAITS, T. SIDNEY  
901 N.W. 5 AVENUE  
BOCA RATON FL 33432

NEW

Street Address (P.O. Box Number is Not Acceptable)

4018 WEATHERWOOD ESTATES DR

City

JACKSONVILLE

FL

Zip Code

32223

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 PD  
NAME WAITS, THOMAS SIDNEY  
STREET ADDRESS 901 NW 5TH AVE  
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 4018 WEATHERWOOD ESTATES DR  
CITY-ST-ZIP JACKSONVILLE, FL 32223

☒ Change ☐ Addition

TITLE VSD  
NAME WAITS, VIRGINIA  
STREET ADDRESS 901 NW 5TH AVE  
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 4018 WEATHERWOOD ESTATES DR  
CITY-ST-ZIP JACKSONVILLE, FL 32223

☒ Change ☐ Addition

TITLE D  
NAME KESSELL, ALLYSON WAITS  
STREET ADDRESS 9968 CHELSEA LAKE RD.  
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TVD  
NAME WAITS, SIDNEY SPENCER  
STREET ADDRESS 6004 STRAWBERRY LAKES CI  
CITY-ST-ZIP LAKE WORTH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME WAITS, LYNNE  
STREET ADDRESS 6004 STRAWBERRY LAKES CIR  
CITY-ST-ZIP LAKE WORTH FL

☐ 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

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 #

*[Signature]* VIRGINIA WAITS  
PRES/SEC. 4/17/00 (904) 448-1100

66619/14/999