

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H52082

1. Entity Name

WIN-MIL-NO CORP

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90014 021 ***150.00

Principal Place of Business

4000 N TUTTLE AVE
SARASOTA FL 34234
US

Mailing Address

4000 N TUTTLE AVE
SARASOTA FL 34234-4996
US

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

59-2500069

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

WILLIAM, KILDOYLE
4122 VOORNE ST
SARASOTA FL 34234

Name

JACK A. LOWE

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

3710 VOORNE ST.

City

SARASOTA

FL

Zip Code

34234

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

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

JACK A. LOWE, PRESIDENT 3-31-00
(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	P	<input checked="" type="checkbox"/> Delete
NAME	KILDOYLE, WILLIAM	
STREET ADDRESS	4122 VOORNE STREET	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BOND, FRANCIS	
STREET ADDRESS	3832 RHINE STREET	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SLATTERY, IRENE	
STREET ADDRESS	3912 COPENAGEN DTT	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LOWE, JACK A	
STREET ADDRESS	3710 VOORNE ST	
CITY-ST-ZIP	SARASOTA FL 34234-5449	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERENDEEN, CARL	
STREET ADDRESS	3716 EDAM ST	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONETTE, CHARLES	
STREET ADDRESS	3726 VOORNE ST	
CITY-ST-ZIP	SARASOTA FL 34234	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILDOYLE, WILLIAM	
STREET ADDRESS	4122 VOORNE ST.	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, RALPH	
STREET ADDRESS	4230 AACHEN ST.	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATTERY, IRENE	
STREET ADDRESS	3912 COPENHAGEN ST.	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, JACK A	
STREET ADDRESS	3710 VOORNE ST.	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTONE, PAMELA	
STREET ADDRESS	3910 AACHEN ST.	
CITY-ST-ZIP	SARASOTA, FL 34234	
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:

Jack A. Lowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK A. LOWE PRESIDENT 3/21/00 941-355-5454

Date

Daytime Phone *

CR2E034 (9/99)