

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90032 001 \*\*\*150.00

**DOCUMENT # H69150**

1. Entity Name

**THE BUSINESS CENTER, INC.**

Principal Place of Business

Mailing Address

~~1 FLORIDA PARK DRIVE SOUTH~~  
~~SUITE 340~~  
~~PALM COAST FL 32137~~  
~~US~~

~~1 FLORIDA PARK DRIVE SOUTH~~  
~~SUITE 340~~  
~~PALM COAST FL 32137-3849~~  
~~US~~

2. Principal Place of Business

**3 Cypress Branch Wzy**  
 Suite, Apt. #, etc.  
**Ste 103**

3. Mailing Address

**3 Cypress Branch Wzy**  
 Suite, Apt. #, etc.  
**Ste 103**

City & State

**Palm Coast FL**

City & State

**Palm Coast FL**

4. FEI Number

**59-2577213**

Applied For

Not Applicable

Zip

**32164**

Country

**USA**

Zip

**32164**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WHEELER, GARY**  
**1 FLORIDA PARK DR SOUTH SUITE 340**  
**PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3 Cypress Branch Wzy Ste 103**  
 City **Palm Coast** **FL** Zip Code **32164**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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

TITLE	<b>PDS</b>	<input type="checkbox"/> Delete
NAME	<b>WHEELER, GARY B.</b>	
STREET ADDRESS	<b>49 RIPPLING BROOK DR.</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32164</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>LEARDO, JEAN</b>	
STREET ADDRESS	<b>54 WESTCHESTER LN</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32164</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAKER, GEORGE</b>	
STREET ADDRESS	<b>42-206 CLUBHOUSE D</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: *Gary Wheeler* **5/25/00** **9044451902**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR-1 (01-1999)