

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91170 021 ***150.00

DOCUMENT # J19096

1. Entity Name
WOODLAND RUN EAST, INC.

Principal Place of Business
% ROBERT B. MONTGOMERY
1388 COUNTRY CLUB RD.
GULF BREEZE FL 32561-3471

Mailing Address
% ROBERT B. MONTGOMERY
1388 COUNTRY CLUB RD.
GULF BREEZE FL 32561-3471

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 **59-2711257**

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

MONTGOMERY, ROBERT B.
1388 COUNTRY CLUB RD.
GULF BREEZE FL 32561

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, 2002 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	<input type="checkbox"/> Delete
NAME	MONTGOMERY, ROBERT B.	
STREET ADDRESS	1388 COUNTRY CLUB DR.	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILDER, HARRISON	
STREET ADDRESS	412 N SUNSET BLVD	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JONES, RODNEY	
STREET ADDRESS	200 W MIRACLE ST PKWY	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FAIRCLOTH, JAMES	
STREET ADDRESS	2631 VENETIAN WAY	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALBECK, JAMES	
STREET ADDRESS	940 AQUAMARINE DR	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE		<input type="checkbox"/> Delete
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		
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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: *Robert B. Montgomery*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02 850-932-9228
 Date Daytime Phone #

CR2E034 (9/01)