

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L21854

1. Entity Name

WTC HOLDINGS, INC.

Principal Place of Business

Mailing Address

800 SECOND AVENUE SOUTH SUITE 340
ST PETERSBURG FL 33701

800 SECOND AVENUE SOUTH SUITE 340
ST PETERSBURG FL 33701-4026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASTRY, R. DONALD
C/O HOLLAND & KNIGHT
360 CENTRAL AVENUE, SUITE 1500
ST. PETERSBURG FL 33701

Name
Mastry, R. Donald
Street Address (P.O. Box Number is Not Acceptable)
200 Central Avenue
Suite 1600
City
St. Petersburg,
FL Zip
33701

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 *R. Donald Mastry*

R. Donald Mastry

4/18/2000

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	DC PARKER, KENNETH 2200 PINELLAS POINT DR. ST. PETERSBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LANG, JAMES T. ONE BEACH DRIVE, S.E. ST. PETERSBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC 600003286456--7 -06/13/00--01025--023 *****61.25 *****61.25	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gary III, John H. 4228 Arborwood Lane Tampa, FL 33624	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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

4-28-2000
4-18-2000 (727) 822-2492

FILED

00 MAY 16 AM 10:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)