

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006422
 1. Entity Name
 WINTERGATE, LLC

Principal Place of Business
 1201 S.E. 2ND COURT. #104
 FORT LAUDERDALE FL 33301

718

FILED
 May 15, 2002 8:00 am
 Secretary of State

05-15-2002 90131 004 ****50.00

2. Principal Place of Business

721 NE 3rd Ave

Suite, Apt. #, etc.

3. Mailing Address

1201 S.E. 2ND COURT. #104
 FORT LAUDERDALE FL 33301

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

4. FEI Number

65-0952274

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CLARK, THOMAS M
 2400 EAST COMMERCIAL BLVD., STE 820
 FORT LAUDERDALE FL 33308

Name

M. Clark

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

721 NE 3rd Ave

City

FL

Zip Code

33304

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

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOERING, RALPH H		NAME	
STREET ADDRESS	1201 SE 2ND CT., #104		STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL 33301		CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOERING, JOHN C		NAME	
STREET ADDRESS	1201 SE 2ND CT., #104		STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL 33301		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CR2E083 (9/01)

SIGNATURE:

JOSEPH D. WINTERGATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-02

(954)525-0210

Date

Daytime Phone #