

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90142 001 \*\*\*450.00

**DOCUMENT # M31603**

1. Entity Name

**WORLD OMNI LEASE FUNDING, INC.**

Principal Place of Business

Mailing Address

120 N.W. 12TH AVENUE  
 DEERFIELD BEACH FL 33442

111 NW 12TH AVE  
 DEERFIELD BEACH FL 33442-1701  
 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

**59-2690931**

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

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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, 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	<input type="checkbox"/> Delete
D	MORAN, PATRICIA	100 NW 12TH AVE.	DEERFIELD BEACH FL 33442	<input type="checkbox"/>
P	DEJACO, RANI B	100 N.W. 12TH AVE.	DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/>
T	ALLEN, A. TUCKER	100 NW 12TH AVENUE	DEERFIELD BEACH FL	<input type="checkbox"/>
S	WHELAN, JOHN J	100 NW 12TH AVENUE	DEERFIELD BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	BROWN, COLIN W	100 NW 12TH AVENUE	DEERFIELD BEACH FL 33442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	REECE, I. WAYNE	1100 SPRING STREET SUITE 350	ATLANTA GA 30309	<input type="checkbox"/>	<input type="checkbox"/>
P	FEAGLES, LOUIS R	100 N W 12TH AVENUE	DEERFIELD BEACH FL 33442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	BROWDY, ALAN J	100 NW 12TH AVENUE	DEERFIELD BEACH FL 33442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS	SNEAD, CAREN J	100 N W 12TH AVENUE	DEERFIELD BEACH FL 33442	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AT	OSSENBECK, PATRICK C.	100 NW 12TH AVENUE	DEERFIELD BEACH FL 33442	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

**JOHN J WHELAN**  
**SECRETARY**

Date

Daytime Phone #

4/13/00 954-429-2000

CF 002 (1/98)