

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M31603

1. Entity Name

WORLD OMNI LEASE FUNDING, INC.

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

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

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

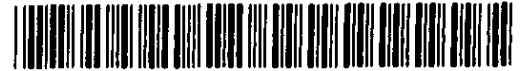
Zip

Country

Zip

Country

111 NW 12TH AVENUE  
LEGAL Dept JMFDF018  
DEERFIELD BEACH FL  
33442  
USA



DO NOT WRITE IN THIS SPACE

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

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

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