

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M31603

1. Entity Name  
WORLD OMNI LEASE FUNDING, INC.



FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 90227 030 \*\*\*150.00

0413608 AV

Principal Place of Business  
190 N.W. 12TH AVENUE  
DEERFIELD BEACH FL 33442

Mailing Address  
111 NW 12TH AVE  
LEGAL DEPT JMFDF018  
DEERFIELD BEACH FL 33442  
US

2. Principal Place of Business

190 JIM MORAN BLVD.

Suite, Apt. #, etc.

3. Mailing Address

100 JIM MORAN BLVD

Suite, Apt. #, etc.

LEGAL DEPT.  
MAILED 03 JMFDF018

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

Zip

33442

Country

USA

Zip

33442

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, COLIN W	
STREET ADDRESS	100 NW 12TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, JAMES R	
STREET ADDRESS	100 N.W. 12TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FEAGLES, LOUIS R	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHELAN, JOHN J	
STREET ADDRESS	100 NW 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	P	<input type="checkbox"/> Delete
NAME	BURNS, BRENDT D	
STREET ADDRESS	100 NW 12 AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VP GC	<input type="checkbox"/> Delete
NAME	CAMMACK, JAMES W	
STREET ADDRESS	100 NW 12 AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, COLIN W.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, BRENDT D	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D/GVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMSTRONG, FRANK A.	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELAN, JOHN J.	
STREET ADDRESS	100 JIM MORAN BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSSENBECK PATRICK C.	
STREET ADDRESS	100 JIM MORAN BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VP GC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMMACK, JAMES W	
STREET ADDRESS	100 JIM MORAN BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)