

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005374

1. Entity Name

WANDUK YACHAI, INC.

Principal Place of Business

848 E. COLLEGE AVE. #1
TALLAHASSEE FL 32301

Mailing Address

PO BOX 1742
TALLAHASSEE FL 32302

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

☒ 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

KAKARIGI, DUBRAVKO
848 E. COLLEGE AVE. #1
TALLAHASSEE FL 32301

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME KAKARIGI, DUBRAVKO
STREET ADDRESS PO BOX 1742
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE D ☐ Change ☒ Addition
NAME CYNTHIA GERRIE
STREET ADDRESS PO BOX 1305
CITY-ST-ZIP HIGHLAND PARK, IL 60035

TITLE D ☐ Delete
NAME RATHVON, PETER RIEGART II
STREET ADDRESS RR 3 BOX 150-D
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SOMMERS, TASHA
STREET ADDRESS 1350 E. WASHINGTON BLVD.
CITY-ST-ZIP PASADENA CA 91104

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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)* (DUBRAVKO KAKARIGI)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2

Date

850-222-8983

Daytime Phone #

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-22-2002 90249 010 ****61.25

37074



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)