

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01636**

1. Entity Name

RAILS END CHAPTER, F.M.O. INC.**FILED****Jan 28, 2002 8:00 am
Secretary of State**

01-28-2002 90009 048 ****61.25

Principal Place of Business

**7246 E. SR 44, LOT 26W
WILDWOOD FL 34785
US**

Mailing Address

**7246 E. SR 44, LOT 26W
WILDWOOD FL 34785
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

59-2367440

Applied For

☒ Not Applicable5. 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

**WENRICH, WM. R
7246 E. SR 44, LOT 26W
WILDWOOD FL 34785**

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 \$61.259. 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	<input checked="" type="checkbox"/> Delete
NAME	GUTH, DOLLARD	
STREET ADDRESS	7250 E SR 44 - 68 RV	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLYE, EVRETTE	
STREET ADDRESS	7250 E. SR 44 - 70 RV	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHANEM, JERRY	
STREET ADDRESS	7246 E. SR 44 - L 11	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	P	<input type="checkbox"/> Delete
NAME	WENRICH, WM R	
STREET ADDRESS	7246 E. SR 44 - L 26W	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUFFINGTON, HOLLIS	
STREET ADDRESS	7250 E SR 44 - 61 RV	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERRING, ERNIE	
STREET ADDRESS	7246 E. SR 44 - L23	
CITY-ST-ZIP	WILDWOOD FL 34785	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH ANDERSON	
STREET ADDRESS	7246 E. SR 44 L8	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEL CONLEY	
STREET ADDRESS	7246 E. SR 44 L29	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE *William R Wenrich* **1/12/02 3527487236**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)