

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-19-2000 90112 001 \*\*\*\*70.00

**DOCUMENT # N96000006479**

1. Entity Name

**WESLEY WOODS, INCORPORATED**

Principal Place of Business

Mailing Address

**25 STATE ROAD 13  
 JACKSONVILLE FL 32259**

**25 STATE ROAD 13  
 JACKSONVILLE FL 32259-2898**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**80 West Lucerne Circle**

Suite, Apt. #, etc.

City & State

**Orlando, FL**

Zip

Country

**32801**

**USA**

4. FEI Number

**59-0872675**

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

**MCGLERNON, MICHAEL  
 26 ST RD 13  
 JACKSONVILLE FL 32259**

Name

**Henry T. Keith**

Street Address (P.O. Box Number is Not Acceptable)

**80 West Lucerne Circle**

City

**Orlando**

**FL**

Zip Code  
**32801**

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

**Henry T. Keith, Treasurer**

**4/13/2000**  
 DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	CD MULLINS, MARK 8933 WESTERN WAY, SUITE 20 JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP DUNGEY, MARY L 1 SAN JOSE PL #7 JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASSEY, MARY A 6750 EPPING FOREST WAY N 106 JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, TIM 8577 WALDEN GLEN DR JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD G. Ballard Simmons 80 West Lucerne Circle Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP James F. Emerson 80 West Lucerne Circle Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD William W. Gay 80 West Lucerne Circle Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Caryl Woosley 80 West Lucerne Circle Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Henry T. Keith 80 West Lucerne Circle Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Donna M. Smaage 80 West Lucerne Circle Orlando, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

**Donna M. Smaage**

**4/13/2000**

**407-839-5050**

666123 037 (9/99)

**WESLEY WOODS, INC.**  
**OFFICERS AND BOARD OF DIRECTORS**  
**2000**

*attach.  
C0066393  
#N96000006479*

Mailing address: 80 West Lucerne Circle  
Orlando, Florida 32801

**OFFICERS**

G. Ballard Simmons  
James F. Emerson  
Henry T. Keith  
William W. Gay  
Donna M. Smaage

President  
Executive Vice President  
Treasurer  
Secretary  
Assistant Secretary

**DIRECTORS**

J. Shepard Bryan  
Carl Cannon  
William W. Gay  
Roger Hehn  
Richard Hunter  
John R. Ibach  
John W. Logue  
Marjorie Phillips  
G. Ballard Simmons  
Caryl L. Woosley

**MANAGEMENT STAFF SERVING AS OFFICERS**

James F. Emerson  
Henry T. Keith  
Donna M. Smaage