

2000 UNIFORM BUSINESS REPORT (UBR)

090700

DOCUMENT # N97000005372

1. Entity Name

THE WAYFARERS INC

W-22343

Principal Place of Business

1930 LAND O' LAKES BLVD
LAND O' LAKES FL. 34639

Mailing Address

2523 MARTHA LN.
LAND O' LAKES FL. 34639

FILED

00 NOV -6 AM 10:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

59-3488495

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

REINSTATEMENT

98-00

6. Name and Address of Current Registered Agent

DIAN V KENZEL ESQ
4111 LAND O' LAKES BLVD
LAND O' LAKES FL. 34639

7. Name and Address of New Registered Agent

Name

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

800003473098--8

-11/21/00--01091--005

City

***367.5 FL ***389.50

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]

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

TITLE NAME ~~PRESTON~~ ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PRESIDENT ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

RUSSELL G. WEYAND
2523 MARTHA LANE
LAND O' LAKES FL. 34639

TITLE NAME BEVERLY GARDER V.D. ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

2001 BRINSON RD.

LAND O' LAKES FL. 34639

TITLE NAME HOWARD LEWIS S.D. ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

3927 FOXRIDGE CIRCLE

LAND O' LAKES FL. 34639

TITLE NAME ~~WB~~ TRUSTEE T. ☐ Change ☒ Addition

STREET ADDRESS
CITY-ST-ZIP

WILLIAM C BOWEN
19811 READING RD
LUTZ FL. 33549

TITLE NAME ~~WB~~ TRUSTEE T. ☐ Change ☒ Addition

STREET ADDRESS
CITY-ST-ZIP

MARY B. STRAIT
32540 TRILBY RD.
DADE CITY, FL 33523

TITLE NAME ~~WB~~ TRUSTEE T. ☐ Change ☒ Addition

STREET ADDRESS
CITY-ST-ZIP

DAVID G. FLEMING
2646 20 MILE LEVEL RD
LAND O' LAKES FL 34639

KE

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:

Russell H. Weyand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-00

Date

813.9964626

Daytime Phone #

CRZE037 (9/99)