

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 06, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000005372**1. Entity Name  
**THE WAYFARERS, INC.**

Principal Place of Business	Mailing Address
1930 LAND O'LAKES BLVD.	2523 MARTHA LN.
LAND O'LAKES FL	LAND O'LAKES FL
34639	34639

2. Principal Place of Business	3. Mailing Address
1930 LAND O	2523 MARTHA LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
LAND O FL	LAND O FL	<b>59-3488495</b>	Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
34639			

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KUENZEL DIAN VESQ. 4111 LAND O'LAKES BLVD.  LAND O'LAKES FL 34639 US	Name KUENZEL DIAN VESQ. Street Address (P.O. Box Number is Not Acceptable) 4111 LAND O  City LAND O FL Zip Code 34639

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	02/06/2001
Signature, typed or printed name of registered agent and title if applicable.	DATE

(NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b>	<b>RUSSELL WEYAND</b>	<b>P</b>	<b>02/06/2001</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)