

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90010 021 ***150.00

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1. Entity Name
UMC WEKIVA SPRINGS, INC.



Principal Place of Business
**603 MAIN ST
WINDERMERE, FL 34786**

Mailing Address
**P.O. BOX 100
WINDERMERE, FL 34786-1100**

DO NOT WRITE IN THIS SPACE



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3645645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARKMAN, KEVIN
603 MAIN ST
WINDERMERE, FL 34786**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCAS
NAME	DIZNEY, DONALD R
STREET ADDRESS	603 MAIN STREET
CITY - ST - ZIP	WINDERMERE, FL 34786
TITLE	DVC
NAME	ENGLISH, JAMES E
STREET ADDRESS	603 MAIN STREET
CITY - ST - ZIP	WINDERMERE, FL 34786
TITLE	EVPS
NAME	BARKMAN, KEVIN
STREET ADDRESS	603 MAIN STREET
CITY - ST - ZIP	WINDERMERE, FL 34786
TITLE	PCEO
NAME	DIZNEY, DAVID A
STREET ADDRESS	603 MAIN STREET
CITY - ST - ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:

Kevin Barkman Executive Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08 (407) 876-2200
Date Daytime Phone #