

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

0541003 AV

**DOCUMENT # P00000049408**

1. Entity Name

**WELBILT CORPORATION**

02-11-2002 90145 010 \*\*\*150.00

Principal Place of Business

**2227 WELBILT BOULEVARD  
ATTN: MICHELLE NOVA  
NEW PORT RICHEY FL 34655**

Mailing Address

**2227 WELBILT BOULEVARD  
ATTN: MICHELLE NOVA  
NEW PORT RICHEY FL 34655**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **ROAKE, ANDREW F**  
STREET ADDRESS **227 WELBILT BOULEVARD**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **President and Director** ☐ Change ☒ Addition  
NAME **David S. McCulloch**  
STREET ADDRESS **2227 Welbilt Blvd.**  
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE **VP** ☒ Delete  
NAME **CLARK, PATRICK M**  
STREET ADDRESS **2227 WELBILT BOULEVARD**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **Vice President, Finance** ☐ Change ☒ Addition  
NAME **W. David Wrench**  
STREET ADDRESS **2227 Welbilt Blvd.**  
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE **S** ☐ Delete  
NAME **KISSAM, ROGER**  
STREET ADDRESS **2227 WELBILT BOULEVARD**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **Treasurer and Asst. Secretary** ☐ Change ☒ Addition  
NAME **John G. Oros**  
STREET ADDRESS **2227 Welbilt Blvd.**  
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

David S. McCulloch, President

*Jan 21/02*  
Date

(727) 375-7010  
Daytime Phone #

CR2E034 (9/01)