

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90019 003 \*\*\*550.00

**DOCUMENT # P00000070898**

1. Entity Name

~~WSC-ORANGE PARK, INC.~~

*Tax Pac Development Co. Denver Steakh*

Principal Place of Business

220 PARK AVE  
 ORANGE PARK FL 32073

Mailing Address

~~220 PARK AVE~~  
~~ORANGE PARK FL 32073~~

2. Principal Place of Business

3. Mailing Address

*P.O. Box 12187*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Roanoke VA.*

Zip

Country

Zip

Country

*24023-2187*

4. FEI Number

*54-2019003*

Applied For

Not Applicable.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

~~DUFRESNE, DONALD M ESQ~~  
~~PARKER & DUFRESNE, P.A.~~  
~~377 SAN JOSE BLVD CHURCHMILL PARK STE 301~~  
~~JACKSONVILLE FL 32217~~

7. Name and Address of New Registered Agent

Name *David A. Chappell*  
 Street Address (P.O. Box Number is Not Acceptable)  
*405 East Woodhaven Drive*  
 City *Ponte Vedra Beach FL* Zip Code *32082*

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

*Victor F. Foti*

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

(NOTE: Registered Agent signature required when reinstating)

*7-12-01*

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CHAPPELL, DAVID A**  
 CITY-ST-ZIP **405 EAST WOODHAVEN DRIVE**  
**PONTE VEDRA BEACH FL 32082**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **TAYLOR, RICHARD P JR**  
 CITY-ST-ZIP **1468 SILVER BELL LANE**  
**ORANGE PARK FL 32063**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **Foti, Victor F.**  
 CITY-ST-ZIP **3309 Buckhorn Road**  
**Roanoke, VA. 24012**

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

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

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

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: *Victor F. Foti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7-12-01 540-345-3195*

CR2E034 (5/01)