

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001098

1. Entity Name

WADLEY-DONOVAN GROUP, INC.

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90104 008 \*\*\*150.00

Principal Place of Business

Mailing Address

3 SAWGRASS DRIVE  
PONTE VEDRA FL 32082

3 SAWGRASS DRIVE  
PONTE VEDRA FL 32082

2. Principal Place of Business

3108 SAWGRASS VILLAGE CIRCLE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PONTE VEDRA BEACH FL

City & State  
SAME

4. FEI Number

59-3690354

Applied For

Not Applicable

Zip  
32082

Country  
ST JAMES

Zip  
SAME

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

WADLEY, JAMES P  
3 SAWGRASS DRIVE  
PONTE VEDRA FL 32082

Name

JAMES P WADLEY

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

3108 SAWGRASS VILLAGE CIRCLE

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

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

(NOTE: Registered Agent signature required when reinstating)

2/22/01

DATE

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

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	WADLEY, JAMES P	
STREET ADDRESS	3 SAWGRASS DRIVE	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREDERICK, WILLIAM P	
STREET ADDRESS	35 VALLEY ROAD	
CITY-ST-ZIP	MADISON NJ 07940	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONOVAN, DENNIS	
STREET ADDRESS	323 GRAND STREET	
CITY-ST-ZIP	HOBOKEN NJ 07030	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURDORF, KATHLEEN	
STREET ADDRESS	175 POTOMAC DRIVE	
CITY-ST-ZIP	BASKING RIDGE NJ 07920	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTSHAW, JOHN	
STREET ADDRESS	6 DREAHOOK ROAD	
CITY-ST-ZIP	WHITEHOUSE STN NJ 08889	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. WADLEY Pres.

Date

2/22/01 904-285-6640

Daytime Phone #

CR2E034 (10/00)