

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91386 016 \*\*\*150.00

DOCUMENT # P01000055008

1. Entity Name

WATERFIELD HOUSE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

9915 TAMiami TRAIL NORTH

9915 TAMiami TRAIL NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2

SUITE 2

City & State

City & State

NAPLES FL.

NAPLES FL.

Zip

Country

Zip

Country

34108

34108

4. FEI Number

65-1110960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LAMB JEFFEREY R

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

868 106<sup>TH</sup> AVE NORTH

City

NAPLES

FL

Zip Code

34108

**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.

SIGNATURE

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

JEFFEREY R. LAMB

05-01-02

(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) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

D KATZLER MICHAEL  
WATERFIELD HOUSE, MILL LANE,  
HEADLEY, HAMPSHIRE, ENGLAND  
CU35 CPD OC

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael D. Browne

MICHAEL KATZLER

05-01-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)