

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91440 003 ***150.00

DOCUMENT # P02000109124

1. Entity Name
WLD DAYTONA PARTNERS, INC.



Principal Place of Business Mailing Address
**401 E LAS OLAS BLVD #2200
FT. LAUDERDALE, FL 33301**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 04-3716480	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent HORVITZ, DAVID W 401 E LAS OLAS BLVD #2200 FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORVITZ, DAVID W 450 EAST LAS OLAS BLVD SUITE 900 FORT LAUDERDALE FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	401 E LAS OLAS BLVD #2200 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, LINDA H 450 EAST LAS OLAS BLVD SUITE 900 FORT LAUDERDALE FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	401 E LAS OLAS BLVD #2200 FT. LAUDERDALE, FL 33301
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature of David W. Horvitz* **4/10/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)