

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 an  
Secretary of State

02-08-2000 90038 010 \*\*\*158.75

DOCUMENT # P02772

1. Entity Name

WIMBERLY ALLISON TONG & GOO, INC.

Principal Place of Business

Mailing Address

700 BISHOP ST  
#1800  
HONOLULU HI 96813  
US

700 BISHOP ST  
#1800  
HONOLULU HI 96813-4124  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 99-0103772

Applied For

Not Applied For

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 may Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, PATRICK J	
STREET ADDRESS	51 NEIL ROAD, #02-09	
CITY-ST-ZIP	SINGAPORE 08	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLISON, GERALD L.	
STREET ADDRESS	2260 UNIVERSITY DRIVE	
CITY-ST-ZIP	NEWPORT BEACH FL	
TITLE	CVD	<input type="checkbox"/> Delete
NAME	GOO, DONALD W.Y.	
STREET ADDRESS	2222 KALAKAUA AVE, PH	
CITY-ST-ZIP	HONOLULU HI	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	CHAR, SIDNEY C. L.	
STREET ADDRESS	2222 KALAKAUA AVE, PH	
CITY-ST-ZIP	HONOLULU HI	
TITLE	V	<input type="checkbox"/> Delete
NAME	FAIRWEATHER, DONALD F	
STREET ADDRESS	2260 UNIVERSITY DRIVE	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MITCHELL, RONALD L	
STREET ADDRESS	2222 KAKAKAUA AVENUE PH.	
CITY-ST-ZIP	HONOLULU HI 96815	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	Newport Beach, CA	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	700 Bishop Street, #1800	
CITY-ST-ZIP	Honolulu, HI 96813	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	700 Bishop St., #1800	
CITY-ST-ZIP	Honolulu, HI 96813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	700 Bishop St., #1800	
CITY-ST-ZIP	Honolulu, HI 96813	

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, 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

Ronald J. Holecek, President

2/2/2000

949/574-8500

Date

Daytime Phone #