

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050781

1. Entity Name

WORLDWIDE PROPERTIES OF AMERICA, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90007 038 ***150.00

Principal Place of Business

Mailing Address

10353 FRUITVILLE RD.
SARASOTA FL 34240-9263
US

PO BOX 3556
SARASOTA FL 34230-3556
US

2. Principal Place of Business

c/o Brach's Confections, Inc.

3. Mailing Address

c/o Brach's Confections, Inc.

Suite, Apt. #, etc.

4120 Jersey Pike

Suite, Apt. #, etc.

P.O. Box 22427

City & State

Chattanooga TN

City & State

Chattanooga TN

Zip

37421

Country

Hamilton

Zip

37422

Country

Hamilton



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0424646

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Charles R. Martin

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

4442 Garcia Avenue

City

Sarasota

FL

Zip Code

34233

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

2/11/00

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete

NAME NORTON, JOHN W. (ESQ.)

STREET ADDRESS 401 NORTH CICERO

CITY-ST-ZIP CHICAGO IL

TITLE AS ☐ Delete

NAME SMUCKER, DONALD W. (ESQ)

STREET ADDRESS 10353 FRUITVILLE RD.

CITY-ST-ZIP SARASOTA FL

TITLE D ☐ Delete

NAME BRINKMANN, BURKHARD

STREET ADDRESS SEEFELDQUAI 17

CITY-ST-ZIP CH-8034 ZU

TITLE PD ☐ Delete

NAME JACOBS, KLAUS J.

STREET ADDRESS SEEFELD QUAL 67

CITY-ST-ZIP CH-8034 ZU, SWITZERLAND

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

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. NORTON

DATE

4/19/00

Daytime Phone #

423 510-7233

CR2E034 (9/99)