

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90443 048 \*\*\*163.75

**DOCUMENT # P93000067615**

1. Entity Name

**BWF ENTERPRISES, INC.**

Principal Place of Business

**1001 W JASMINE DR  
UNITS K & L  
LAKE PARK FL 33413  
US**

Mailing Address

**P.O. BOX 1380  
SUITE B  
LAKEWORTH FL 33460  
US****C0012553**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1401 S. MILITARY TRAIL**

3. Mailing Address

**P.O. BOX 1380**

Suite, Apt. #, etc.

**SUITE E**

Suite, Apt. #, etc.

**SUITE B**

City &amp; State

**WEST PALM BEACH, FL**

City &amp; State

**LAKEWORTH, FL**

Zip

**33415**

Country

**USA**

Zip

**33460**

Country

**USA**4. FEI Number **65-0438616**

Applied For

Not Applicable

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

**FLORIDA LAWDOK INC  
222 LAKEVIEW AVE  
4TH FLOOR  
WEST PALM BEACH FL 33402-3188**

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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	BRESNAHAN, ROBERT	<b>Deceased</b>
STREET ADDRESS	3649 E SANDPIPER DR, #1	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRESNAHAN, GLENN	
STREET ADDRESS	5320 ADAMS RD	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNETT, NEWTON C	
STREET ADDRESS	11811 AVE. OF THE PGA, 5-18	
CITY-ST-ZIP	PALM BCH. GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VONDRAK, RICHARD	
STREET ADDRESS	1617 N FEDERAL HIGHWAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAMPTON, KATHRYN	
STREET ADDRESS	1016 S J ST	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAMPTON, KATHRYN	
STREET ADDRESS	1016 SOUTH J STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRESNAHAN, CAROL	
STREET ADDRESS	817 MISSION HILL RD	
CITY-ST-ZIP	BOYTON BEACH, FL 33435	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRESNAHAN, GLENN	
STREET ADDRESS	5320 ADAMS RD	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRESNAHAN, GLENN	
STREET ADDRESS	5320 ADAMS RD	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOFSTON, BERT	
STREET ADDRESS	101 PEPPERTREE DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMPTON, KATHRYN	
STREET ADDRESS	1016 SOUTH J STREET	
CITY-ST-ZIP	LAKEWORTH, FL 33460	
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:

**Kathryn Hampton**  
**KATHRYN HAMPTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/2001**

Date

**561-533-9400**

Daytime Phone #

CR2E034 (10/00)