

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90034 001 *****8.75
03-24-2000 90034 002 ***150.00

6523



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000069816	
1. Entity Name	
WELLINGTON DEVELOPMENT COMPANY	

Principal Place of Business	Mailing Address
1000 SOUTHERN BLVD. SUITE 300 WEST PALM BEACH FL 33405	1000 SOUTHERN BLVD. SUITE 300 WEST PALM BEACH FL 33405-2439

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0457246	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MCCRACKEN, JOHN B 505 S. FLAGLER DRIVE SUITE 1100 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent		
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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	P. PHILLIPS JR., W. T. <input type="checkbox"/> Delete
NAME	6621 WILBANKS ROAD
STREET ADDRESS	KNOXVILLE FL
CITY-ST-ZIP	
TITLE	V. TOMEU, ENRIQUE <input type="checkbox"/> Delete
NAME	1000 SOUTHERN BOULEVARD
STREET ADDRESS	WEST PALM BEACH FL
CITY-ST-ZIP	
TITLE	ST. SNIDER, LESA P. <input type="checkbox"/> Delete
NAME	6621 WILBANKS ROAD
STREET ADDRESS	KNOXVILLE TN
CITY-ST-ZIP	
TITLE	D. TOMEU, ENRIQUE <input type="checkbox"/> Delete
NAME	1000 SOUTHERN BOULEVARD
STREET ADDRESS	WEST PALM BEACH FL
CITY-ST-ZIP	
TITLE	D. PHILLIPS JR., W. T. <input type="checkbox"/> Delete
NAME	6621 WILBANKS ROAD
STREET ADDRESS	KNOXVILLE TN
CITY-ST-ZIP	
TITLE	D. SNIDER, LESA P. <input type="checkbox"/> Delete
NAME	6621 WILBANKS ROAD
STREET ADDRESS	KNOXVILLE TN
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: SIGNATURE REQUIRED 1/17/00 681/832-2110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)