

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90216 050 ***150.00

DOCUMENT # P94000048553

1. Entity Name
WELLINGTON MANAGEMENT, INC.

Principal Place of Business Mailing Address
100 VISTA ROYALE BLVD 100 VISTA ROYALE BLVD
VERO BEACH FL 32960 VERO BEACH FL 32960

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0504842** 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

BLOCK, SAMUEL A
2127 TENTH AVE
VERO BEACH FL 32960

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 file if not applicable.

(NOTE: Registered Agent's signature required when solicited)

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	DPT	☐ Delete
NAME	KURTZ, JOHN C	
STREET ADDRESS	100 VISTA ROYAL BLVD.	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	DSVP	☒ Delete
NAME	EWING, RONALD E	
STREET ADDRESS	100 VISTA ROYALE BLVD.	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	DS	☒ Delete
NAME	GASKILL, ROBERT L	
STREET ADDRESS	100 VISTA ROYALE BLVD.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSD	☐ Change ☒ Addition
NAME	Newsome, John	
STREET ADDRESS	12785-C Forest Hill Blvd.	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		☐ Change ☐ Addition
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 my address. With a notary public or notary.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Kurtz 4/27/01 (561)562-9031

Date

Display Phone #

CR2E034 (10/00)