

2000 UNIFORM BUSINESS REPORT (UBR)

0208614

DOCUMENT # P94000054448

1. Entity Name

WILDWOOD INVESTMENT, INC

FILED

02 APR 26 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

PO BOX 558351
MIAMI FL 33255

PO BOX 558351
MIAMI FL 33255-8351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0649046

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOPEZ, CONCEPCION
14850 SW 144TH TERRACE
MIAMI FL 33196

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS LOPEZ, CONCEPCION
CITY-ST-ZIP 14850 S.W. 144TH TERRACE
MIAMI FL 33196

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200005451592--7
CITY-ST-ZIP -05/06/02--01005--023
****150.00 ****150.00
☐ Change ☐ Addition

TITLE ☒ Delete
NAME T
STREET ADDRESS ALONSO, LUISA
CITY-ST-ZIP 14850 SW 144TH TERRACE
MIAMI FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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

Date

Daytime Phone #

CR2E034 (9/99)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 15, 2002

RECEIVED

APR 19 2002

LEE JAY COLLING
& ASSOCIATES, P.A.

THE IONA RANCH MOBILE HOMEOWNERS ASSOCIATION, INC.
682 MAITLAND AVE.
ALTAMONTE SPRINGS, FL 32701 US

SUBJECT: THE IONA RANCH MOBILE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N31325

We have received your document for THE IONA RANCH MOBILE HOMEOWNERS ASSOCIATION, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

The new registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 302A00022353