

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063601

1. Entity Name

WLD ORIGINATING, INC.

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

05-03-2000 90148 006 ***150.00

Principal Place of Business

Mailing Address

LAS OLAS CTR
450 E LAS OLAS BLVD 900
FT. LAUDERDALE FL 33301
US

LAS OLAS CTR
450 E LAS OLAS BLVD 900
FT. LAUDERDALE FL 33301-2223
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0528506**

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

~~HORVITZ, WILLIAM D~~
LAS OLAS CTR
450 E LAS OLAS BLVD 900
FT LAUDERDALE FL 33301

Name **DAVID W HORVITZ**
Street Address (P.O. Box Number is Not Acceptable)
450 East Las Olas Boulevard
Suite 900
City **Ft. Lauderdale, FL 33301** 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 **DPST** ☒ Delete
NAME **HORVITZ, WILLIAM D**
STREET ADDRESS **LAS OLAS CTR 450 E LAS OLAS BLVD 900**
CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE **V** ☐ Delete
NAME **HORVITZ, DAVID W**
STREET ADDRESS **450 E LAS OLAS BLVD 900**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **DIP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **BURTON, MELVIN F**
STREET ADDRESS **450 E LAS OLAS BLVD 900**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIVIS** ☐ Change ☒ Addition
NAME **LINDA H ROTH**
STREET ADDRESS **450 E Las Olas Blvd., Suite 900**
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **ROBERT J PUCK**
STREET ADDRESS **450 E Las Olas Blvd., Suite 900**
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASST SECRETARY** ☐ Change ☒ Addition
NAME **VIRGINIA J BAKER**
STREET ADDRESS **450 E Las Olas Blvd., Suite 900**
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

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)