

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082983

1. Entity Name

WINDSOR GLEN, INC.

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90824 043 ***150.00

Principal Place of Business

Mailing Address

4707 NW 53RD AVENUE
SUITE #A
GAINESVILLE FL 32606
US

4707 NW 53RD AVENUE
SUITE #A
GAINESVILLE FL 32606
US

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 59-3280533

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

WALLACE, HOWARD K JR.
117 NW 48TH BLVD
GAINESVILLE FL 32607

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	DP	<input type="checkbox"/> Delete
NAME	WALLACE, HOWARD K	
STREET ADDRESS	4707 NW 53RD AVENUE SUITE A	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	WALLACE, ANNE M	
STREET ADDRESS	4707 NW 53RD AVENUE SUITE A	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SPAIN, THOMAS C	
STREET ADDRESS	2321 N.W. 41ST ST., SUITE A-2	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SPAIN, SUSAN B	
STREET ADDRESS	2321 N.W. 41ST ST., SUITE A-2	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Anne M. Wallace Anne M. Wallace 4/23/01 352-377-2240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)