

2000 UNIFORM BUSINESS REPORT (UBR)

0109517

DOCUMENT # P95000011151

1. Entity Name

WINDCREST/WEST ROAD II, INC.

APPROVED
AND
FILED

00 MAY -1 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

950 NORTH ORLANDO AVE.
SUITE 320
WINTER PARK FL 32789
US

P.O. BOX 4961
ORLANDO FL 32802-4961

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 59-3297219

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

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 PD ☐ Delete
NAME PALMER, CHARLES B
STREET ADDRESS 950 N ORLANDO AVE SUITE 320
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☒ Change ☐ Addition
NAME PALMER, CHARLES B.
STREET ADDRESS 000003260410--0
CITY-ST-ZIP -05/22/00--01095-012
****158.75 ****158.75

TITLE DSTV ☐ Delete
NAME BOBINCHUCK, ROBERT M
STREET ADDRESS 98 SAN JACINTO BLVD., SUITE 710
CITY-ST-ZIP AUSTIN TX 78701

TITLE D. ☒ Change ☐ Addition
NAME BOBINCHUCK, ROBERT M.

TITLE VP ☐ Delete
NAME PERRONE, PRESTON
STREET ADDRESS 950 N. ORLANDO AVE., SUITE 320
CITY-ST-ZIP WINTER PARK FL 32789

TITLE PT ☒ Change ☐ Addition
NAME PERRONE, PRESTON I.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS ☐ Change ☒ Addition
NAME KENT, MARK
STREET ADDRESS 950 N. ORLANDO AVE., STE 320
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESTON I. PERRONE, PRESIDENT

4/20/00

Date

407/628-4544

Daytime Phone #

CR2E034 (9/99)