

# 2002 UNIFORM BUSINESS REPORT (UBR)

009442 AV

DOCUMENT # P95000011151

1. Entity Name  
WINDCREST/WEST ROAD II, INC.

FILED

02 APR 17 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
950 NORTH ORLANDO AVE.  
~~SUITE 320~~  
WINTER PARK FL 32789  
US

Mailing Address  
P.O. BOX 4961  
ORLANDO FL 32802-4961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 120

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3297219

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

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, 2002 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 D ☐ Delete  
NAME PALMER, CHARLES B  
STREET ADDRESS 950 N ORLANDO AVE SUITE 320  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☒ Change ☐ Addition  
NAME PALMER, CHARLES B.  
STREET ADDRESS 950 N. ORLANDO AVE, SUITE 120  
CITY-ST-ZIP WINTER PARK, FL. 32789

TITLE D ☐ Delete  
NAME BOBINCHUCK, ROBERT M  
STREET ADDRESS 701 BRAZOS STREET SUITE 900  
CITY-ST-ZIP AUSTIN TX 78701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600005348186--J  
CITY-ST-ZIP -04/25/02--01048--011  
\*\*\*\*158.75 \*\*\*\*158.75

TITLE VPS ☐ Delete  
NAME KENT, MARK  
STREET ADDRESS 701 BRAZOS STREET SUITE 900  
CITY-ST-ZIP AUSTIN TX 78701

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME PERRONE PRESTON I  
STREET ADDRESS 950 N. ORLANDO AVE, SUITE 120  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESTON I. PERRONE, PRESIDENT

Date

Daytime Phone #

2/11/02

407-628-4544

CR2E034 (9/01)