

# 2000 UNIFORM BUSINESS REPORT (UBR)

01009519

DOCUMENT # P95000011541

1. Entity Name  
WINDCREST/SPRING II, INC.

APPROVED  
AND  
FILED

00 MAY -1 AM 9:07

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3297215

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 N. 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 DP ☐ 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 600003260406--2  
CITY-ST-ZIP 05/22/00--01006--011  
\*\*\*\*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

PRESTON I. PERRONE, PRESIDENT

Date

Daytime Phone #

4/20/01 407/628-4544

CR2E034 (9/99)