

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035409

1. Entity Name

WINDCREST/YAGER LANE III, INC.

Principal Place of Business

950 N. ORLANDO AVENUE
SUITE 320
WINTER PARK FL 32789

Mailing Address

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

59-3328414

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

B&C CORPORATE SERVICES OF CENTRAL FL, INC.
390 N. ORANGE AVENUE
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 AVENUE, SUITE 320
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☒ Change ☐ Addition
NAME PALMER, CHARLES B.
STREET ADDRESS 300003260403--2
CITY-ST-ZIP -05/22/00--01006--010

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.
STREET ADDRESS
CITY-ST-ZIP

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.
STREET ADDRESS 950 N. ORLANDO AVE., STE 320
CITY-ST-ZIP WINTER PARK, FL 32789

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 32785

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

Date

4/20/00

Daytime Phone #

407/628-4544

APPROVED
AND
FILED

00 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0100496

CR2E034 (9/99)