

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90166 027 \*\*\*150.00

**DOCUMENT # P95000047437**

1. Entity Name

**KNIGHTSBRIDGE PARK INTERNATIONAL INC**

Principal Place of Business

7860 W IRLO BRONSON HWY  
KISSIMMEE FL 34747  
US

Mailing Address

7860 W IRLO BRONSON HWY  
KISSIMMEE FL 34747  
US

2. Principal Place of Business

P.O. Box 470126

3. Mailing Address

P.O. Box 470126

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CELEBRATION, FLORIDA

City & State

CELEBRATION, FLORIDA

Zip

Country

34747-0126 U.S.A.

Zip

Country

34747-0126 U.S.A.

4. FEI Number

65-0627483

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

WILKES, BRIAN

7860 W IRLO BRONSON HWY  
KISSIMMEE FL 34747

Name

BRIAN WILKES

Street Address (P.O. Box Number is Not Acceptable)

7786 INDIAN RIDGE TRAIL SOUTH

City

KISSIMMEE

FL

Zip Code

34747

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]*

PRESIDENT

APRIL 28, 2001

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILKES, BRIAN JOHN 7860 W IRLO BRONSON HWY KISSIMMEE FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILKES, JANET ANNE 7860 W IRLO BRONSON HWY KISSIMMEE FL 34747	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILKES, JAMES BRIAN 7860 W IRLO BRONSON HWY KISSIMMEE FL 34747	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BRIAN JOHN WILKES 7786 INDIAN RIDGE TRAIL SOUTH KISSIMMEE, FLORIDA, 34747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

BRIAN WILKES (PRESIDENT)

APRIL 28, 2001

407-908-9980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)