

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072565

1. Entity Name

THE WANAMAKER GROUP, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90056 017 \*\*\*150.00

Principal Place of Business

Mailing Address

243 BRAZILIAN AVENUE  
PALM BEACH FL 33480

P.O. BOX 1084  
PALM BEACH FL 33480-1084  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1084

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM BEACH, FL

Zip

Country

Zip

Country

33480

USA

4. FEI Number

65-0613166

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

OLLE, DENNIS J  
OLLE, MACAULAY & ZORILLA, P.A.  
1402 MIAMI CENTER, 201 S. BISCAYNE BLVD.  
MIAMI FL 33131

Name

OLLE, DENNIS J.

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

ADORNO & ZEDER, P.A.

2601 S. BAYSHORE DR., STE 1600

City

MIAMI

FL

Zip Code

33133

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 C ☐ Delete  
NAME WANAMAKER LEAS, JOHN  
STREET ADDRESS 243 BRAZILIAN AVENUE  
CITY-ST-ZIP PALM BEACH FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS P.O. Box 3248  
CITY-ST-ZIP PALM BEACH, FL 33480

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

TITLE ☐ Delete  
NAME  
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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

Date

Daytime Phone #

561-832-6810

CR2E034 (9/99)