

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015237

1. Entity Name  
WOLCORP, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90052 046 \*\*\*150.00

Principal Place of Business

215 NORTH EOLA DRIVE  
ORLANDO FL 32801

Mailing Address

215 NORTH EOLA DRIVE  
ORLANDO FL 32801-2028

2. Principal Place of Business

5145 City STREET  
Suite, Apt. #, etc.

3. Mailing Address

5145 City STREET  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
ORLANDO, FL

Zip  
32839

Country  
USA

City & State  
ORLANDO, FL

Zip  
32839

Country  
USA

4. FEI Number

59-3403992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LORAN A  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name  
JOEL K. SLATER  
Street Address (P.O. Box Number is Not Acceptable)  
5145 City STREET  
City  
ORLANDO FL Zip Code  
32839

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPAS  
MORTON, HENRY  
1090 DON MILLS ROAD, SUITE 600  
DON MILLS, ONTARIO, CANADA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
MORTON, PAUL  
1090 DON MILLS ROAD, SUITE 600  
DON MILLS, ONTARIO, CANADA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVPS  
SLATER, JOEL K  
5009 PARK CENTRAL DR  
ORLANDO FL 32839 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
GOLDBERG, LAURENCE  
488 HURON ST  
TORONTO, ONTARIO, CANADA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOEL K. SLATER  
4-15-00 407-851-6252

CR2E034 (9/99)