

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90131 022 ***550.00

DOCUMENT # P96000054915

1. Entity Name
WDK TENNESSEE PROPERTIES, INC.



975053



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**4500 US HIGHWAY 92 E
 LAKE LAND FL 33801**

Mailing Address

**ATTN GERALD KNAPP
 4500 US HIGHWAY 92 E
 LAKE LAND FL 33801**

2. Principal Place of Business

**1523 Crooked Stick Loop
 Suite, Apt. #, etc.**

3. Mailing Address

**1523 Crooked Stick Loop
 Suite, Apt. #, etc.**

City & State

LAKE LAND FL

City & State

LAKE LAND FL

4. FEI Number

59-3385115

Applied For

Not Applicable

Zip

33801-0599

Country

USA

Zip

33801-0599

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KNAPP, MARVIN J
 4500 US HIGHWAY 92 E
 LAKE LAND FL 33801**

7. Name and Address of New Registered Agent

Name **Gerald M Knapp**
 Street Address (P.O. Box Number is Not Acceptable)
1523 Crooked Stick Loop
 City **LAKE LAND** FL Zip Code **33801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Gerald M Knapp**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/13/02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	D <input type="checkbox"/> Delete
NAME	KNAPP, GERALD M
STREET ADDRESS	4981 LINDBERGH TRAIL 1523 Crooked Stick Loop
CITY-ST-ZIP	CARLETON 46032 LAKE LAND, FL 33801
TITLE	D <input type="checkbox"/> Delete
NAME	KNAPP, MARVIN J
STREET ADDRESS	2003 SHORELAND DR
CITY-ST-ZIP	AUBURNDALE FL 33823
TITLE	D <input type="checkbox"/> Delete
NAME	DENTEL, JEFFREY A
STREET ADDRESS	2020 ARIANA BLVD 1970 ARIANA BLVD
CITY-ST-ZIP	AUBURNDALE FL 33823
TITLE	D <input type="checkbox"/> Delete
NAME	WILCOX, KAREN S
STREET ADDRESS	32154 TEASEL COURT
CITY-ST-ZIP	AVON LANE OH 44012
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

8/13/01 863-666-1614

Date

Daytime Phone #

CR2E034 (4/02)