

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094283

1. Entity Name

WINDSOR RESORTS INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90045 005 ***150.00

Principal Place of Business

Mailing Address

3935 TORREY PINE BLVD
 SARASOTA F: 34238-2834

3935 TORREY PINE BLVD
 SARASOTA F: 34238-2834

2. Principal Place of Business

2831 RINGLING BLVD

3. Mailing Address

2831 RINGLING BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D 113

D 113

City & State

SARASOTA FLORIDA

City & State

SARASOTA FLORIDA

Zip

34237

Country

U.S.A

Zip

34237

Country

U.S.A

4. FEI Number

65-0734276

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

WATKINS, DAVID
 3935 TORREY PINES BLVD.
 SARASOTA FL 34238-2834

Name

DAVID WATKINS

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

2831 RINGLING BLVD

City

SARASOTA

FL

Zip Code

34237

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 DAVID WATKINS

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

(NOTE: Registered Agent signature required when reinstating)

04/30/00
 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 **P** ☐ Delete
 NAME **WATKINS, DAVID**
 STREET ADDRESS **3935 TORREY PINES BLVD**
 CITY-ST-ZIP **SARASOTA FL 34238-2834**

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

TITLE **VPD** ☐ Delete
 NAME **ROYAL, ERNIE**
 STREET ADDRESS **5144 AVALON RD**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

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

TITLE **D** ☐ Delete
 NAME **WATKINS, WYNFORD DAVIES**
 STREET ADDRESS **3935 TORREY PINES BLVD**
 CITY-ST-ZIP **SARASOTA FL 34238**

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

TITLE **D** ☐ Delete
 NAME **HUGU, MORGAN**
 STREET ADDRESS **5957 ESSEX LANE**
 CITY-ST-ZIP **SARASOTA FL 34233**

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
 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:

DAVID WATKINS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID WATKINS

Date

Daytime Phone #

04/30/00

CR2E034 (9/99)