

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90012 009 \*\*\*150.00

**DOCUMENT # P97000037659**

1. Entity Name

**WAIMEA GOLD, INC.**

Principal Place of Business

**720 N DR  
MELBOURNE FL 32934-9281**

Mailing Address

**720 N DR  
MELBOURNE FL 32934-9281**

2. Principal Place of Business

**300 Village Square Crossing**

3. Mailing Address

**300 Village Square Crossing**

Suite, Apt. #, etc.

**Suite 202**

Suite, Apt. #, etc.

**Suite 202**

City &amp; State

**Palm Beach Gardens, FL**

City &amp; State

**Palm Beach Gardens, FL**

Zip

**33410**

Country

**USA**

Zip

**33410**

Country

**USA**

6. Name and Address of Current Registered Agent

**MC CRACKEN, JOHN B  
505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH FL 33401**

4. FEI Number

**65-0747423**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 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**

TITLE	DP	<input type="checkbox"/> Delete
NAME	MURFEY, SPENCER L III	
STREET ADDRESS	720 NORTH DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32934-9281	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BURCIAGA, JOSEPH	
STREET ADDRESS	3609 WASHINGTON ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	VST	<input type="checkbox"/> Delete
NAME	BALDONI, IDEAL F	
STREET ADDRESS	1032 ISLAND MANOR DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murphy, Spencer L., III	
STREET ADDRESS	300 Village Square Crossing, Suite 202	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
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 persons empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MARCH 14, 2001 561-6250174**

CR2E034 (10/00)