

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000041933**

1. Entity Name

WINDSOR & YORK, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90068 023 ***150.00

Principal Place of Business 1818 S. AUSTRALIAN AVE SUITE 400 WEST PALM BEACH FL 33409	Mailing Address 1818 S. AUSTRALIAN AVE SUITE 400 WEST PALM BEACH FL 33409-6447
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0765955**☐ Applied For
☐ Not Applied

Zip

Country

Zip

Country

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****ROY, DAVE K
1818 S. AUSTRALIAN AVE
SUITE 400
WEST PALM BEACH FL 33409**

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, 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	PDV	<input type="checkbox"/> Delete
NAME	NEWTON, PETER	
STREET ADDRESS	1818 S. AUSTRALIAN AVE, SUITE 400	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	FLOWER, LINDA	
STREET ADDRESS	1818 S. AUSTRALIAN AVE, SUITE 400	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

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

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 #

1/18/00 561-687842