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361. <u>116-0010</u> Daytime Phone #

## **2002 UNIFORM BUSINESS REPORT (UBR)**

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## Jan 16, 2002 8:00 am P97000041933 DOCUMENT # **Secretary of State** 1. Entity Name 01-16-2002 90054 007 \*\*\*150 00 WINDSOR & YORK, INC. Principal Place of Business Mailing Address VILLAGE COMMERCE CENTER VILLAGE COMMERCE CENTER 440 COLUMBIA DR., STE, 300 440 COLUMBIA DR., STE. 300 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. Applied For City & State City & State 4. FEI Number 65-0765955 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROY, DAVE K Street Address (P.O. Box Number is Not Acceptable) VILLAGE COMMERCE CENTER 440 COLUMBIA DR., STE, 300 WEST PALM BEACH FL 33409 City Zip Code 8. The above named submits this states t for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE cable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE PDV Change Addition CR2E034 (9/01 ☐ Delete TITLE **NEWTON, PETER** NAME NAME 440 Columbia Drive Suche 300 STREET ADDRESS 1818 S. AUSTRALIAN AVE, SUITE 400 STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP West Palm Beach TITLE ☐ Addition TITLE STD ☐ Delete Change NAME NAME FLOWER, LINDA 440 Williambia Drive Scribe 200 STREET ADDRESS 1818 S. AUSTRALIAN AVE, SUITE 400 STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP West Ben Beach Fi ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the infβrmation supplied wi indicated on this report or supplemental report of the corporation or the receiver or trustee en