

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096598

1. Entity Name

WRH II, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90110 021 ***150.00

Principal Place of Business

Mailing Address

300 WEST ADAMS STREET
SUITE 440
JACKSONVILLE FL 32202

300 WEST ADAMS STREET
SUITE 440
JACKSONVILLE FL 32202-4342

2. Principal Place of Business

3. Mailing Address

2955 Hartley Rd

PO Box 60

Suite, Apt. #, etc.

Suite, Apt. #, etc.

108

Ortega Station

City & State

City & State

Jax FL

Jax FL

Zip

USA

Zip

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3478160

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

HOWELL, WILLIAM R II
300 WEST ADAMS STREET
SUITE 440
JACKSONVILLE FL 32202

Name

Howell, William R II

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

2955 Hartley Rd

108

City

Jax

FL

Zip Code

32207

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

William Howell II

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	D	<input type="checkbox"/> Delete
NAME	HOWELL, WILLIAM R II	
STREET ADDRESS	300 W ADAMS ST. SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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
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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:

William R. Howell II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Howell II

4-15-00

Date

904 388-7555

Daytime Phone #

CR2E034 (9/99)