

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90013 011 \*\*\*150.00

**DOCUMENT # P97000098440**

**1. Entity Name**  
**WGB AND ASSOCIATES, INC.**

**Principal Place of Business**  
**SEACOAST YACHT CHARTERS**  
**331 ANCLOTE RD**  
**TARPON SPRINGS FL 34689**

**Mailing Address**  
**DONALD W. ROLL**  
**8601 ESTATE DRIVE**  
**WEST PALM BEACH FL 33411**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **23-2937346**

Applied For

Not Applicable

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**

**ROLL, DONALD W.**  
**SEACOAST YACHT CHARTERS**  
**8601 ESTATE DRIVE**  
**WEST PALM BEACH FL 33411**

Name **ROLL, DONALD W.**

Street Address (P.O. Box Number is Not Acceptable)  
**8601 ESTATE DRIVE**

City **WEST PALM BEACH**

FL

Zip Code **33411**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PTD** ☐ Delete  
**NAME** **BOHM, WILLIAM G**  
**STREET ADDRESS** **138 TREETOPS DRIVE**  
**CITY-ST-ZIP** **LANCASTER PA 17601**

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

**TITLE** **VSD** ☐ Delete  
**NAME** **BOHM, AMELIA E**  
**STREET ADDRESS** **138 TREETOPS DRIVE**  
**CITY-ST-ZIP** **LANCASTER PA 17601**

**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**

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**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 #

1/21/02 717 380 5565

0359770 AV

CR2E034 (9/01)