

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034241

1. Entity Name

WAYPOINT, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90075 012 ***158.75

Principal Place of Business

Mailing Address

3200 OLD WINTER GARDEN ROAD, APT. 1322
OCOE FL 34761

3200 OLD WINTER GARDEN ROAD, APT. 1322
OCOE FL 34761-4531

2. Principal Place of Business

4713-1606 CASON COVE DR.

3. Mailing Address

1005 AUTUMN LEAF DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

WINTER GARDEN, FLORIDA

Zip

32811

Country

USA

Zip

34787

Country

USA

4. FEI Number

59-3468421

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUNTER, MATTHEW C
3200 OLD WINTER GARDEN ROAD, APT. 1322
OCOE FL 34761

7. Name and Address of New Registered Agent

Name

GUNTER, MATTHEW C

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

1005 AUTUMN LEAF DR.

City

WINTER GARDEN

FL

Zip Code

34787

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
GILBERT, MICHAEL TODD
6148 WESTGATE DRIVE, APT. 303
ORLANDO FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
GUNTER, MATTHEW C
3200 OLD WINTER GARDEN ROAD, APT. 1322
OCOE FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
GUNTER, MATTHEW C.
1005 AUTUMN LEAF DR.
WINTER GARDEN, FL 34787 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MOSER, JOEL S
4713-1606 CASON COVE DR.
ORLANDO, FL 32811 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MOSER, THOMAS
4713-1606 CASON COVE DR.
ORLANDO, FL 32811 ☐ Change ☒ Addition

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

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/00 (407) 428-6214