

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90028 001 ***150.00

DOCUMENT # P98000037915

1. Entity Name

GWW, INC.

Principal Place of Business

Mailing Address

5000 SE 183 AVE ROAD

5000 SE 183 AVE ROAD

OCKLAWAHA FL 32179

~~LOT A-2~~
 OCKLAWAHA FL 32179-3339

00002100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

No Lot #

No Lot #

City & State

City & State

4. FEI Number **59-3506774**

Applied For

Not Applicable

Zip

Country

MARION

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

WHITSON, GLEN R
5000 SE 183 AVE ROAD
LOT A-2
OCKLAWAHA FL 32179

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WHITSON, GLEN R 5000 SE 183 AVE RD, LOT A-2 OCKLAWAHA FL 32179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LOT # M7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WHITSON, MARY 5000 SE 183 AVE RD, LOT A-2 OCKLAWAHA FL 32179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LOT # M7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DVP WHITSON, CHARLES M 1510 STATE STREET LAWRENCEVILLE IL 62439	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WHITSON, LINDA M 1510 STATE STREET LAWRENCEVILLE IL 62439	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DP GREENWOOD, TED 1838 SOUTH MAIN ST DAYTON OH 45409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D GREENWOOD, GINA L 1838 SOUTH MAIN S DAYTON OH 45409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **PRES. TED A. GREENWOOD**

CR2E034 (9/99)