

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041394

1. Entity Name

WINDHAM ENTERPRISES OF GULF BREEZE, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90054 040 ***150.00

Principal Place of Business

Mailing Address

4359 GULF BREEZE PARKWAY
 GULF BREEZE FL 32561

4359 GULF BREEZE PARKWAY
 GULF BREEZE FL 32562-1199

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3514199

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

FLEMING, EDWARD P
 4300 BAYOU BOULEVARD
 SUITE 12 & 13
 PENSACOLA FL 32503

Name

DANIEL O. WINDHAM

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

969 VESTAVIA WAY

GULF BREEZE

City

FL

Zip Code

32561

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

Daniel O. Windham

DANIEL O. WINDHAM,

2/17/00

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 ☐ Delete
 NAME P
 STREET ADDRESS WINDHAM, DANIEL O
 CITY-ST-ZIP 969 VESTAVIA WAY
 GULF BREEZE FL 32561

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS WINDHAM, CLAIRE N
 CITY-ST-ZIP 969 VESTAVIA WAY
 GULF BREEZE FL 32567

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Daniel O. Windham
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL O. WINDHAM

2/17/00

Date

850-932-2011

Daytime Phone #

CR2E034 (9/99)