

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062091

1. Entity Name  
W.W.W. OF PALM HARBOR, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90073 040 \*\*\*550.00

Principal Place of Business

34270 US HWY 19  
PALM HARBOR FL 34684  
US

Mailing Address

PO BOX 18846  
TAMPA FL 33679

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 59-3542378

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

SCHECHT, NEIL S  
2909 W. BAY TO BAY BLVD. PENTHOUSE  
TAMPA FL 33629

Name

NEIL S. SCHECHT - PA

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

3426 W. KENNEDY BLVD.

City

TAMPA

FL

Zip Code

33609

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!!! FEB IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ST  
STREET ADDRESS WHITE, AUSTIN  
CITY-ST-ZIP 5117 RUE VENDOME  
LUTZ FL 33549

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WILLIS, GLENN  
CITY-ST-ZIP 16533 LAKE HEATHER DRIVE  
TAMPA FL 33618

TITLE ☒ Change ☐ Addition  
NAME 2239 Climbing Ivy Dr.  
STREET ADDRESS Tampa, FL 33629  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WILLIS, JAMIE  
CITY-ST-ZIP 16050 ROYAL PALM DR S  
GULFPORT FL 33707

TITLE ☒ Change ☐ Addition  
NAME JAMIE R. WILLIS  
STREET ADDRESS 5939 BAYVIEW CIRCLE  
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/00

(813) 253-3044 x26

Date

Daytime Phone #

CR2E034 (5/00)