

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000064621**

1. Entity Name

**WRH MT. VERNON, INC.****FILED****Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90004 043 \*\*\*150.00

Principal Place of Business

Mailing Address

**100 SECOND AVE SOUTH, STE 904  
ST PETERSBURG FL 33701****100 SECOND AVE SOUTH, STE 904  
ST PETERSBURG FL 33701-4337**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3524343**Applied For  
Not Applicable5. 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

**RAZOOK, RICHARD J  
ONE S.E. THIRD AVE, 17TH FLOOR  
MIAMI FL 33131**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	RAZOOK, FRED S JR	
STREET ADDRESS	100 2ND AVE S STE 904	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MOENCH, CHRISTOPHER S	
STREET ADDRESS	100 2ND AVE S STE 904	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SALZER, BRADLEY S	
STREET ADDRESS	100 2ND AVE S STE 904	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUTLEDGE, J M	
STREET ADDRESS	100 2ND AVE S STE 904	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	S	<input type="checkbox"/> Delete
NAME	GERMAIN, BONNIE M	
STREET ADDRESS	100 2ND AVE S STE 904	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	DTAS	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, PAUL G	
STREET ADDRESS	100 2ND AVE S STE 904	
CITY-ST-ZIP	ST PETERSBURG FL 33701	

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRED S. RAZOOK JR**

Date

Daytime Phone #

**1/12/00 727/825-7700**