

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90012 004 ***150.00

DOCUMENT # P98000064621

1. Entity Name

WRH MT. VERNON, INC.

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

2. Principal Place of Business

3. Mailing Address

1000 SCOTLAND DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 DE SOTO TEXAS

City & State

4. FEI Number **59-3524343**

Applied For

Not Applicable

Zip
 75115

Country
 USA

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

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

Name **BONNIE G. BERTOLINO**

Street Address (P.O. Box Number is Not Acceptable)
 100 2ND AVE S SUITE 800

City **ST PETERSBURG** FL Zip Code **33701**

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, 2001 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	P	<input checked="" 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 checked="" 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	* PRES	<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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM R HOUGH	
STREET ADDRESS	100 2ND AVE S SUITE 800	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	VP / DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W ROBB HOUGH, JR	
STREET ADDRESS	100 2ND AVE S SUITE 800	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	VP / DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELEN FEINBERG	
STREET ADDRESS	100 2ND AVE S SUITE 800	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	UP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES G MILLER	
STREET ADDRESS	100 2ND AVE S SUITE 800	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	UP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J MARK WATERBURY	
STREET ADDRESS	100 2ND AVE S SUITE 800	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D, TREASURER, ASST SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN W WAECHTER	
STREET ADDRESS	100 2ND AVE S SUITE 800	
CITY-ST-ZIP	ST PETERSBURG FL 33701	

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

2-8-01

Date

727-825-7705

Daytime Phone #

CR2E034 (10/00)