

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P98000106626

1. Entity Name

WINNINGHAM GROUP, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90179 040 \*\*\*150.00

Principal Place of Business

622 MARLAND AVENUE  
ALTAMONTE SPRINGS FL 32701

Mailing Address

622 MARLAND AVENUE  
ALTAMONTE SPRINGS FL 32701-6834

2. Principal Place of Business

552 Queens Mirror Circle  
Suite, Apt. #, etc.

3. Mailing Address

552 Queens Mirror Circle  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Casselberry FL  
Zip 32707 Country US

City & State

Casselberry FL  
Zip 32707 Country US

4. FEI Number

59-3546831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WINNINGHAM, KIMBERLY  
552 QUEENS MIRROR CIRCLE  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

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

Kimberly Winningham

(NOTE: Registered agent signature required when reinstating)

4/24/00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
WINNINGHAM, KIMBERLY  
552 QUEENS MIRROR CIRCLE  
CASSELBERRY FL 32707

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (407) 695-6166  
Date Daytime Phone #

CR2E034 (9/99)