

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90136 046 \*\*\*150.00

0560245 AV

**DOCUMENT # P99000004806**

1. Entity Name  
**6320 TRAIL INC.**



Principal Place of Business  
**2033 MAIN STREET #101  
SUITE 600  
SARASOTA FL 34237**

Mailing Address  
**2033 MAIN STREET #101  
SUITE 600  
SARASOTA FL 34237**



2. Principal Place of Business

**2 N. Tamiami Trail**

Suite, Apt. # etc. **Ste. 210**

3. Mailing Address

**2 N. Tamiami Trail**

Suite, Apt. # etc. **Ste 210**

City & State

**Sarasota FL**

City & State

**Sarasota FL**

Zip

**34236**

Country

**USA**

Zip

**34236**

Country

**USA**

4. FEI Number

**65-0822192**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**J. GEOFFREY PFLUGNER  
2033 MAIN STREET  
SUITE 600  
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name **RON H. WOLF 40 ICORR**  
Street Address (P.O. Box Number is Not Acceptable)  
**2 N. Tamiami Trail Ste 210**  
City **Sarasota** **FL** Zip Code **34236**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**RON H WOLF**

**3/31/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **WOLF, RON**  
STREET ADDRESS **2 N TAMiami TR STE 210**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **M** ☒ Delete  
NAME **BLACK, IAN**  
STREET ADDRESS **2 N TAMiami TR STE 210**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AVP** ☐ Change ☒ Addition  
NAME **NANCY L. Yates**  
STREET ADDRESS **2 N. Tamiami Trail Ste 210**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **AVP** ☐ Change ☒ Addition  
NAME **Joan Hall**  
STREET ADDRESS **700 Richmond St. Ste 410**  
CITY-ST-ZIP **LONDON, ONTARIO CAN N6A 5C7**

TITLE **Sec/Treasurer** ☐ Change ☒ Addition  
NAME **Norton P. Wolf**  
STREET ADDRESS **700 Richmond St. Ste 410**  
CITY-ST-ZIP **LONDON, ONTARIO CAN N6A 5C7**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED RON WOLF 4/3/2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)