

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008735

1. Entity Name

WELLINGTON KNIGHTS, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90055 004 \*\*\*158.75

Principal Place of Business

Mailing Address

~~300 N.W. 82ND AVENUE~~  
~~SUITE 412~~  
~~PLANTATION FL 33324~~

~~300 N.W. 82ND AVENUE~~  
~~SUITE 412~~  
~~PLANTATION FL 33324~~

2. Principal Place of Business

11924 Forest Hill Blvd.

Suite, Apt. #, etc.

#28

City & State

WELLINGTON FL

Zip

33414

Country

3. Mailing Address

11924 Forest Hill Blvd.

Suite, Apt. #, etc.

#28

City & State

WELLINGTON FL

Zip

33414

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0891304

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

SIGEL, ANDREW L P.A.  
300 N.W. 82ND AVENUE  
SUITE 412  
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PROSEN, JAMES	
STREET ADDRESS	2120 CENTER WAY	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

3/28/00

Date

(561) 793-0700

Daytime Phone #

CR2E034 (9/99)