

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000048632**

1. Entity Name

WONDERLAND INN, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90109 018 ***150.00

Principal Place of Business

Mailing Address

**503 VERONA STREET
KISSIMMEE FL 34741****503 VERONA STREET
KISSIMMEE FL 34741**

120402

2. Principal Place of Business

1710 Peach St.

Suite, Apt. #, etc.

3. Mailing Address

1710 Peach St.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3573336**

Applied For

Not Applicable

Zip

Country

34746

Zip

Country

347465. 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

**O'SHAUGHNESSY, ROSEMARIE
503 VERONA STREET
KISSIMMEE FL 34741**

Name

Street Address (P.O. Box Number is Not Acceptable)
1710 Peach St.**Kissimmee, FL**

City

FL

Zip Code

34746

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

1-18-019. 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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAO, MARIA W	NAME	
STREET ADDRESS	503 VERONA STREET	STREET ADDRESS	1712 Peach St.
CITY-ST-ZIP	KISSIMMEE FL 34741	CITY-ST-ZIP	Kissimmee, FL 34746
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'SHAUGHNESSY, ROSEMARIE W	NAME	
STREET ADDRESS	2219 SYLVAN COURT	STREET ADDRESS	1712 Peach St.
CITY-ST-ZIP	KISSIMMEE FL 34746	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

407-847-6461

Date

Daytime Phone #

CR2E034 (10/00)