

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90063 032 ***158.75

DOCUMENT # P99000050165

1. Entity Name

WDW BOOK COMPANY OF WEST PALM BEACH, FL, INC.

Principal Place of Business

Mailing Address

~~105 LAND OAK LANE,~~
~~KNOXVILLE TN 37922~~

11130 KINGSTON PIKE. STE. 1-184
 KNOXVILLE TN 37922-2800

2. Principal Place of Business

5700 Okeechobee Blvd.

3. Mailing Address

Suite, Apt. #, etc.

#19

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip
33417

Country
U.S.A.

Zip

Country

4. FEI Number

65-0923082

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
WINEGARDNER, DEAN
3000 RIVER HAVEN POINT
KNOXVILLE TN 37922

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VSTD
SWIDERSKI, JILL
142 WEST END
KNOXVILLE TN 37922

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VST
Swiderski, Jill
165 West End Avenue
Knoxville, TN 37922

☒ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE *Dean Winegardner, PTD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

865/675-2192

Daytime Phone #