

# 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.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
<del>105 LAND OAK LANE, KNOXVILLE TN 37922</del>	11130 KINGSTON PIKE, STE. 1-184 KNOXVILLE TN 37922-2800

2. Principal Place of Business	3. Mailing Address
5700 Okeechobee Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#19	

City & State	City & State
West Palm Beach, FL	
Zip	Country
33417	U.S.A.

4. FEI Number	Applied For
65-0923082	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD <input type="checkbox"/> Delete
NAME	WINEGARDNER, DEAN
STREET ADDRESS	3000 RIVER HAVEN POINT
CITY-ST-ZIP	KNOXVILLE TN 37922
TITLE	VSTD <input type="checkbox"/> Delete
NAME	SWIDERSKI, JILL
STREET ADDRESS	142 WEST END
CITY-ST-ZIP	KNOXVILLE TN 37922
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swiderski, Jill
STREET ADDRESS	165 West End Avenue
CITY-ST-ZIP	Knoxville, TN 37922
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Dean Winegardner, PTD* **WDW BOOK COMPANY OF WEST PALM BEACH, FL, INC.** **SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: *4/25/00* Daytime Phone #: *865/675-2192*