

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050173

1. Entity Name

WDW PROMOTIONAL COMPANY, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90152 044 ***158.75

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

165 West End Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Knoxville, TN

City & State

4. FEI Number

58-2471785

Applied For

Not Applicable

Zip

Country

37922

USA

Zip

Country

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 PD
NAME WINEGARDNER, DEAN
STREET ADDRESS 3000 RIVER HAVEN POINT
CITY-ST-ZIP KNOXVILLE TN 37922 ☐ Delete

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

TITLE ~~VSTD~~
NAME SWIDERSKI, JILL
STREET ADDRESS ~~142 WEST END~~
CITY-ST-ZIP ~~KNOXVILLE TN 37922~~ ☐ Delete

TITLE V.S. T
NAME Swiderski, Jill
STREET ADDRESS 165 West End Avenue
CITY-ST-ZIP Knoxville, TN 37922 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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, without other like empowered.

SIGNATURE: By: *Dean Wingardner, P/D*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

865/675-2192

Daytime Phone #