

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90053 033 ***150.00

DOCUMENT # P99000078104

1. Entity Name

WEKIVA SPRINGS TAVERN, INC.

Principal Place of Business

7635 ASHLEY PARK CT., STE. 503H
ORLANDO FL 32835

Mailing Address

P.O. BOX 1722
WINDERMERE FL 34786
US

2. Principal Place of Business

220 Wekiva Springs Rd
Suite, Apt. #, etc.

3. Mailing Address

7635 Ashley Park CT
Suite 503H
Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Orlando FL

Zip

32779

Country

US

Zip

32835

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3604660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEUKAMM, MICHAEL E
201 E. PINE ST., STE. 1200
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Michael Neukamm

Street Address (P.O. Box Number is Not Acceptable)

301 E Pine St., Ste 1400

City Orlando

FL

Zip Code 32801

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	CASEY, PATRICK V	
STREET ADDRESS	7635 ASHLEY PARK CT., STE. 503H	
CITY-ST-ZIP	ORLANDO FL 32835	
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		
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Sims	
STREET ADDRESS	3514 Christina Groves Cir. S.	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave Harman	
STREET ADDRESS	1296 Hemple Ave	
CITY-ST-ZIP	Gotha, FL 34734	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 407 801 7541

CR2E034 (10/00)