

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078953

1. Entity Name

WDW BOOK COMPANY OF VERO BEACH, FLORIDA, INC.

FILED

May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90152 029 \*\*\*158.75

Principal Place of Business

Mailing Address

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

11130 KINGSTON PIKE  
STE 1-184  
KNOXVILLE FL 37922-2800

**MU0040673**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1691 94th Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite F-140

City & State

City & State

Vero Beach, FL

Zip

Country

Zip

Country

32966

U.S.A.

4. FEI Number

59-3587194

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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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 empowerments.

SIGNATURE: By *Dean Winegardner, P.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

865/675-2192

Daytime Phone #