## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2002 8:00 am Secretary of State DOCUMENT # P99000078953 1. Entity Name WDW BOOK COMPANY OF VERO BEACH, FLORIDA, INC. 05-15-2002 90176 045 \*\*\*158.75 Principal Place of Business Mailing Address 1691 94TH DR 11130 KINGSTON PIKE SUITE F-140 STE 1-184 VERO BEACH FL 32966 KNOXVILLE FL 37922 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3587194 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution, Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME WINEGARDNER, DEAN NAME STREET ADDRESS 3000 RIVER HAVEN POINT STREET ADDRESS CITY-ST-ZIP KNOXVILLE TN 37922 CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME SWIDERSKI, JILL NAME STREET ADDRESS 165 WEST END AVE STREET ADDRESS CITY-ST-ZIP KNOXVILLE TN 37922 CITY-ST-7(P TITLE, VST- --. 🔲 , Delete TITLE ☐ Change ☐ Addition NAME SHIPMAN, JILL NAME STREET ADDRESS 165 WEST END AVENUE STREET ADDRESS CITY-ST-ZIP KNOXVILLE TN 37922 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with the 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

Uero Beach

Prepared by

**FILED**