

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90087 004 \*\*\*150.00

C0049047

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000088 4546

1. Entity Name Arrowhead Kapok, Inc.  
30377-A South Dixie Hwy.  
Homestead, FL 33030

Principal Place of Business

Mailing Address

30377-A South Dixie Hwy  
Homestead FL 33030 Same

2. Principal Place of Business

3. Mailing Address

4916 S. Galzerano Pt.  
Suite, Apt. #, etc.

4916 S. Galzerano Pt.  
Suite, Apt. #, etc.

City & State

City & State

Homosassa, FL

Homosassa, FL

Zip

Country

Zip

Country

34446

USA

34446

USA

4. FEI Number

Applied For

65-0955509

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

Tom McGivney  
25850 SW 187 Ave.  
Homestead, FL 33031

Name Gretchen Wilkie  
Street Address (P.O. Box Number is Not Acceptable)  
4916 S. Galzerano Pt.  
City Homosassa FL Zip Code 34446

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 Gretchen Wilkie Gretchen Wilkie 3/29/01  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Delete  
NAME Bill E. Bennett  
STREET ADDRESS 16801 SW 296 St  
CITY-ST-ZIP Homestead FL 33030

TITLE President ☒ Change ☐ Addition  
NAME Bill E. Bennett  
STREET ADDRESS 4916 S. Galzerano Pt.  
CITY-ST-ZIP Homosassa, FL 34446

TITLE V. Pres. & Gen. Manager ☒ Delete  
NAME Tom McGivney  
STREET ADDRESS 25850 SW 187 Ave  
CITY-ST-ZIP Homestead, FL 33031

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

TITLE V. President ☒ Delete  
NAME Felix Bowman  
STREET ADDRESS 324 N.W. 18 St.  
CITY-ST-ZIP Homestead, FL 33030

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

TITLE Treasurer ☒ Delete  
NAME Bill E. Bennett  
STREET ADDRESS 16801 SW 296 St  
CITY-ST-ZIP Homestead FL 33030

TITLE Treasurer ☐ Change ☒ Addition  
NAME Gretchen Wilkie  
STREET ADDRESS 4916 S. Galzerano Pt.  
CITY-ST-ZIP Homosassa, FL 34446

TITLE Gretchen Wilkie ☐ Delete  
NAME SECRETARY  
STREET ADDRESS 16801 SW 296 St.  
CITY-ST-ZIP Homestead, FL 33030

TITLE ☒ Change ☐ Addition  
NAME Gretchen Wilkie  
STREET ADDRESS 4916 S. Galzerano Pt.  
CITY-ST-ZIP Homosassa FL 34446

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Bill E. Bennett Bill E. Bennett 3/29/01 352-628-0570  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)