

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095271

1. Entity Name

WILLOW BAY ANTIQUE COMPANY

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90070 045 \*\*\*150.00

Principal Place of Business

8623 REGENCY PARK BLVD.  
PORT RICHEY FL 34668

Mailing Address

8623 REGENCY PARK BLVD.  
PORT RICHEY FL 34668-5742

2. Principal Place of Business

8309 BRIARLEAF COURT  
Suite, Apt. #, etc.

3. Mailing Address

9300 REGENCY PARK BLVD  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
PORT RICHEY, FL

Zip  
34668

Country  
FLASCO

City & State  
PORT RICHEY, FL

Zip  
34668

Country  
FLASCO

4. FEL Number

59-3604368

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

ANDREW, MYKE M  
8309 BRIARLEAF CT.  
PORT RICHEY FL 34668-6929

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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MYKE M ANDREW  
8309 BRIARLEAF COURT  
PORT RICHEY, FL 34668

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
VP  
ROSEMARIE T MUTCHLER  
8309 BRIARLEAF COURT  
PORT RICHEY, FL 34668

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MYKE M ANDREW

Date

3-6-00 5669

Daytime Phone #

CR2E034 (9/99)