## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # S41553** Mar 20, 2000 8:00 am Secretary of State FLORIDA WINDERMERE, INC. 03-20-2000 90020 038 \*\*\*150.00 Mailing Address Principal Place of Business 215 N EOLA DRIVE 2710 BUTLER BAY DR NORTH ORLANDO FL 32801-2028 WINDERMERE FL 34786 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3057022 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YERGLER, JON C Street Address (P.O. Box Number is Not Acceptable) 215 N EOLA DRIVE ORLANDO FL 32801 Zin 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **DPST** TITLE ☐ Addition TITLE Delete WATANABE, MIYOSHI NAME NAME STREET ADDRESS STREET ADDRESS 2710 BUTLER BAY DR., NORTH CITY-ST-ZIP CITY-ST-7IP WINDEMERE FL 34786 ☐ Change ☐ Addition ☐ Delete TITLE TITLE OGUMA, HIROSHI NAME STREET ADDRESS 2710 BUTLER BAY DRIVE, NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WINDERDMERE FL 34786** ☐ Change Addition ☐ Delete TITLE TITLE KITAZAWA, TAKASHI NAME NAME STREET ADDRESS STREET ADDRESS 2710 BUTLER BAY DRIVE, NORTH CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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** 

19 HOLLINE REQUIRED

March 6, 2000

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Daytime Phone #