

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51464

1. Entity Name

THE GWB CO. OF VIRGINIA, INC.

FILED

Mar 02, 2000 8:00 am  
Secretary of State

03-02-2000 90024 008 \*\*\*150.00

Principal Place of Business

Mailing Address

7750 SONOMA HWY  
SUITE A  
SANTA ROSA CA 95409  
US

7750 SONOMA HWY  
SUITE A  
SANTA ROSA CA 95409-6527  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3142614

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SNYDER, RICK  
2706 ALT US 19  
PALM HARBOR FL 34682-0844

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 D ☐ Delete  
NAME BUTLER, WILLIAM P DR  
STREET ADDRESS 2441 N.E. LOOP 410, #2308B  
CITY-ST-ZIP SAN ANTONIO TX 67

TITLE D ☐ Delete  
NAME PARTIN, CINDY B  
STREET ADDRESS 13913 HOWLETT LINE DR  
CITY-ST-ZIP COLONIA HGHTS. VA

TITLE D ☐ Delete  
NAME THOMAS, JUDY B  
STREET ADDRESS 7750 A SONOMA HWY  
CITY-ST-ZIP SANTA ROSA CA

TITLE D ☐ Delete  
NAME BUTLER, VIRGINIA R  
STREET ADDRESS 732 OKUMA DRIVE  
CITY-ST-ZIP CHESTER VA

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 13050 PARK CROSSING Apt. 301  
CITY-ST-ZIP SAN Antonio, TX 78217

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

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

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

TITLE ☐ Change ☐ Addition  
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)(l), 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

Date

Daytime Phone #

2-16-00 707-833-5176

CR2E034 (9/99)