2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90180 034 ****61.25

10518

DOCUMENT # 729425

1. Entity Name

WHISPERING PINES CLUB, INC.

Principal Place of Business	Mailing Address
HC 1 BOX 676 GEORGETOWN FL 32139-9512 US	HC 1 BOX 676 GEORGETOWN FL 32139-9512 US

U0012567

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1886612 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COOROS, GEORGE
HC 1 BOX 650-D
GOERGETOWN FL 32139

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUYER N, GEORGE ~~HC1 BOX 694B~~ 104 334 Georgetown-Denver Rd. GEORGETOWN FL 32139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLYDE YOUNG 118 Palmetto Georgetown, FL 32139 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSE, JIM HC1 BOX 695 GEORGETOWN FL 32139 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UNDERWOOD, FRED ~~HC 1 BOX 859~~ 227 Plumosa GEORGETOWN FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COOROS, GEORGE ~~HC 1 BOX 650-D~~ 104 Bayberry GEORGETOWN FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARMARCO, ARLENE ~~HC1 BOX 625-A-1~~ 127 Seminole Trail GEORGETOWN FL 32139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GORSKI, JOAN ~~PONDEROSA & PLANTATION PINES DRIVE~~ GEORGETOWN FL 204 Osceola Rd. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan Gorski SIGNATURE REQUIRED Treasurer pro Tem 1/22/01 (904) 698-1325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #