

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90230 045 \*\*\*\*61.25

**DOCUMENT # N93000003305**

1. Entity Name

**WHISPERING PINES MOBILE HOME COURT HOMEOWNER'S A**

Principal Place of Business

Mailing Address

407 HARMONY LANE  
 FROSTPROOF FL 33843  
 US

407 HARMONY LANE  
 LOT 30  
 FROSTPROOF FL 33843-5013  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2659257**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWARD, VENSEL**  
**407 HARMONY LANE**  
**LOT 30**  
**FROSTPROOF FL 33843**

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 HOWARD E. VENSEL

Treasure

2-12-00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PIERSTORFF, HAROLD	
STREET ADDRESS	325 PLEASANT PLACE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PETRUZZI, SAL	
STREET ADDRESS	224 LEISURE DRIVE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	EINOLF, MARGARET	
STREET ADDRESS	202 SUNSHINE DR	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOWARD, VENSEL	
STREET ADDRESS	407 HARMONY LANE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, DONALD	
STREET ADDRESS	509 SUNSHINE DRIVE	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRUZZI, SAL	
STREET ADDRESS	224 LEISURE STREET	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSTORFF, HAROLD	
STREET ADDRESS	325 PLEASANT PLACE	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYLORD, LAUBACH	
STREET ADDRESS	223 LEISURE STREET	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL WEIGAN	
STREET ADDRESS	218 LEISURE DRIVE	
CITY-ST-ZIP	FROSTPROOF FL 33843	

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: SIGNATURE REQUIRED

2-19-00

863-633-1252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)