

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 738152**

1. Entity Name

WHISPERING PALMS SOCIAL CLUB, INC.

Principal Place of Business

**10305 US 1
SEBASTIAN FL 32958**

Mailing Address

**10305 US 1
SEBASTIAN FL 32958**

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

59-1752374

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

**FAY, HELEN L
191 MEANIE CIRCLE W.
SEBASTIAN FL 32958**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, ALVIN 91 MARK ALLEN DRIVE SEBASTIAN FL 32958	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTT, SLATER 33 ALISSA DRIVE SEBASTIAN FL 32958	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAY, HELEN L 191 MELANIE CIRCLE, W SEBASTIAN FL 32958	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITS JANET, 150 PHYLLIS DR. SEBASTIAN FL 32958	<input checked="" type="checkbox"/> Delete →
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES, NANCY 219 A EDWARD DR SEBASTIAN FL 32958	<input checked="" type="checkbox"/> Delete →
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IANNUCILLI, NORELA 48 ALISSA DR SEBASTIAN FL 32958	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *HELEN L FAY, Treas.* **1-12-01** **561-388-6425**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #**FILED**
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90047 042 ****61.25

C0008558

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)