

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 262233

1. Entity Name

WHISENANT-SHORE INC

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90027 020 \*\*\*550.00

Principal Place of Business

19725 S.R. 62  
PARRISH FL 34219

Mailing Address

P.O BOX 207  
PARRISH FLA 34219-0207  
US

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 59-1031957

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

WHISENANT, BLAKE  
19725 S.R. 62  
PARRISH FL 34219

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	PD	<input type="checkbox"/> Delete
NAME	WHISENANT, BLAKE	
STREET ADDRESS	19725 S.R. 62	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHISENANT, VIRGINIA C	
STREET ADDRESS	19725 S.R. 62	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	S	<input type="checkbox"/> Delete
NAME	DE GREEF, MARY	
STREET ADDRESS	19715 SR 62	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

*Mary de Greef* Mary de Greef

6/5/2000

941 776 1244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)