

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**  
 04-04-2001 90502 041 \*\*\*158.75

0053061

**DOCUMENT # 650433**

1. Entity Name  
**W P B PROPERTIES, INC.**

Principal Place of Business  
**2700 SUNRISE HILL TRAIL**  
**SANFORD FL 32771**  
**US**

Mailing Address  
**2700 SUNRISE HILL TRAIL**  
**SANFORD FL 32771**  
**US**

**C0042260**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**35929 Osprey Lane**  
 Suite, Apt. #, etc.

3. Mailing Address  
**35929 Osprey Lane**  
 Suite, Apt. #, etc.

City & State  
**Eustis, FL**

City & State  
**Eustis, FL**

Zip  
**32736**

Country  
**Lake**

Zip  
**32736**

Country  
**Lake**

4. FEI Number **59-1966594**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BALL, CLARA M.**  
**2700 SUNRISE HILL TRAIL**  
**SANFORD FL 32771**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SARGENT, LINDA BALL		NAME		
STREET ADDRESS	2700 SUNRISE HILL TRAIL		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALL, CLARA M.		NAME		
STREET ADDRESS	2700 SUNRISE HILL TRAIL		STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Linda Ball Sargent** *Linda B. Sargent* 3/16/01 352-357-0028  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)