

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90075 050 \*\*\*\*70.00

**DOCUMENT # 744536**

1. Entity Name

**IN THE PINES, INC.**

Principal Place of Business

Mailing Address

16101 HALF MILE RD  
 #D-2  
 DELRAY BEACH FL 33446  
 US

16101 HALF MILE RD  
 #D-2  
 DELRAY BEACH FL 33446-9543  
 US

*C0015651*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1862904**

Applied For

Not Applied For

Zip

Country

Zip

Country

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

**ESPINOZA, MARY**  
**16101 HALF MILE RD**  
**#D-2**  
**DELRAY BEACH FL 33446**

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 **SD**  Delete  
 NAME **ESPINOZA, MARY**  
 STREET ADDRESS **16101 HALF MILE RD**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **GORAY, DONNA**  
 STREET ADDRESS **130 ISLAND DR**  
 CITY-ST-ZIP **OCEAN RIDGE FL**

TITLE **VD**  Change  Addition  
 NAME **Karen Bandy**  
 STREET ADDRESS **1798 Isabel Road**  
 CITY-ST-ZIP **East Boca Raton FL 33486**

TITLE **PD**  Delete  
 NAME **BURELSON, JUDY**  
 STREET ADDRESS **2975 SW WATERFALL TR**  
 CITY-ST-ZIP **PALM CITY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **MCCOMBS, MARTHA J**  
 STREET ADDRESS **6568 W ATLANTIC AVE**  
 CITY-ST-ZIP **DELRAY BCH FL 33446**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: MARY ESPINOZA** *Mary Espinoza* **1/28/2000** **561-495-6375**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #