

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90029 019 ****61.25

DOCUMENT # 747691

1. Entity Name

WHIPSAW CONDOMINIUM ASSOCIATION, INC.

R

Principal Place of Business

300 NORTH GARFIELD AVE
DELAND FL 32724
US

Mailing Address

300 NORTH GARFIELD AVE
DELAND FL 32724
US

2. Principal Place of Business

300 N Garfield Ave
Suite, Apt. #, etc.

3. Mailing Address

300 N Garfield Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELAND FL

City & State

DELAND FL

4. FEI Number

59-3159900

Applied For

Not Applicable

Zip

32724

Country

Vol.

Zip

32724

Country

Vol.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, R.T.
300 N. GARFIELD AVE.
DELAND FL 32724

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

R.T. Morris, TREAS.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-21-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 P
NAME ADAMS, BOBBY
STREET ADDRESS 308 N GARFIELD AVENUE
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

TITLE TD
NAME MORRIS, RUSSEL T
STREET ADDRESS 300 N. GARFIELD AVE.
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

TITLE D
NAME PATTERSON, JAMES A
STREET ADDRESS 302 N GARFIELD AVENUE
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

TITLE D
NAME SOUTHERLAND, SANDRA
STREET ADDRESS 304 NORTH GARFIELD AVENUE
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

TITLE D
NAME SCHENK, MARILYN
STREET ADDRESS 306 N GARFIELD AVE
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-00 904-734-7742

Date

Daytime Phone #

CR2E037 (5/00)