

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002470**

1. Entity Name

WHISKEY CREEK DEVELOPMENTS, LTD.

FILED

00 MAY -2 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business SUITE 1B, ANGLERS PLAZA 870 BALD EAGLE DRIVE MARCO ISLAND FL 34145 | Mailing Address SUITE 1B, ANGLERS PLAZA 870 BALD EAGLE DRIVE MARCO ISLAND FL 34145-2550 |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|---|--------------------------------|
| 4. FEI Number 59-3428349 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WHISKEY CREEK DEVELOPMENTS, INC.
SUITE 1B, ANGLERS PLAZA
870 BALD EAGLE DRIVE
MARCO ISLAND FL 34145

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--|---|---|
| 9. Capital Contributions as Shown on record. \$500.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|--|---|---|

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|-----------------------------------|---|--------------------------|------------------------------|
| DOCUMENT # P96000086598 | WHISKEY CREEK DEVELOPMENTS, INC. | STREET ADDRESS | |
| NAME | SUITE 1B, ANGLERS PL., 870 BALD EAGLE DR | CITY - ST - ZIP | 4000003288824--6 |
| STREET ADDRESS | MARCO ISLAND FL 34145 | | -06/14/00--01065--026 |
| CITY - ST - ZIP | | | ***141.25 ***141.25 |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
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| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: **WHISKEY CREEK DEVELOPMENTS, INC., GENERAL PARTNER** **4/16/00** **9413881110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)