## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # F9900000992 WHISPERING COVE, INC. 01-30-2001 90092 019 \*\*\*150.00 Principal Place of Business Mailing Address 4466 HWY 441 SE 837 DRY RIDGE RD. OKEECHOBEE FL 34974 VERSAILLES KY 40383 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. "DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 61-1342252 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKER, RUBEN L Street Address (P.O. Box Number is Not Acceptable) 7548 NW 93 CT. **OKEECHOBEE FL 34972** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILDER, TERRY L NAME STREET ADDRESS 837 DRY RIDGE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERSAILLES KY 40383 ☐ Addition TITLE ☐ Delete ☐ Change NAME WILDER, MARY J. .. NAME STREET ADDRESS 837 DRY RIDGE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERSAILLES KY 40383 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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: