

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90035 010 ***150.00

DOCUMENT # G92695

1. Entity Name

WEBSTER WOODLANDS, INC.

Principal Place of Business

Mailing Address

769 JOHN RINGLING BLVD.
 SARASOTA FL 34236

POST OFFICE BOX 552
 WEBSTER SPRINGS WV 26288-0552
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2386810

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERGESON, JAMES O., JR
1390 MAIN 6TH FLOOR
SARASOTA FL 34230

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

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, 2000 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 DIRECTOR	<input type="checkbox"/> Delete
NAME	SWEENEY, EDWIN M	
STREET ADDRESS	TOWN HILL RD	
CITY-ST-ZIP	WESTON WV	
TITLE	PD SECY./DIRECTOR	<input type="checkbox"/> Delete
NAME	MOORE, JOYCE R	
STREET ADDRESS	769 JOHN RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Delete
NAME	MOORE, JANA C	
STREET ADDRESS	1921 PRINCESS STREET	
CITY-ST-ZIP	WILMINTON NC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Joyce R. Moore, Secy*
By: Sue Talbott, Power of Atty.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOYCE R. MOORE

Date: **04/04/00** Daytime Phone #: **(309) 847-5100**

CR2E034 (9/99)