

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**  
03-01-2001 90012 044 \*\*\*150.00

**DOCUMENT # G92695**

1. Entity Name  
**WEBSTER WOODLANDS, INC.**

Principal Place of Business  
**769 JOHN RINGLING BLVD.**  
**SARASOTA FL 34236**

Mailing Address  
**POST OFFICE BOX 552**  
**WEBSTER SPRINGS WV 26288**  
**US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

4. FEI Number **59-2386810**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FERGESON, JAMES O., JR**  
**1390 MAIN 6TH FLOOR**  
**SARASOTA FL 34230**

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 \_\_\_\_\_  
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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SWEENEY, EDWIN M</b>		NAME	<b>William W. Talbott</b>	
STREET ADDRESS	<b>TOWN HILL RD</b>		STREET ADDRESS	<b>79 MOORELAND DR.</b>	
CITY-ST-ZIP	<b>WESTON WV</b>		CITY-ST-ZIP	<b>WEBSTER Springs, WV 26288</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, JOYCE R</b>		NAME		
STREET ADDRESS	<b>769 JOHN RINGLING BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL</b>		CITY-ST-ZIP		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, JANA C</b>		NAME		
STREET ADDRESS	<b>1921 PRINCESS STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WILMINGTON NC</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(j), 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 207, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all the like empowered.

SIGNATURE: **Joyce R. Moore, Secy.** **(Joyce R. Moore)**  
**By: Sue Talbott, P.O.A.**  
**2/26/01 304-847-5100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #

CR2E034 (10/00)