

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91082 019 \*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number<sup>1</sup> **59-2386810**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SWEENEY, EDWIN M</b>	
STREET ADDRESS	<b>TOWN HILL RD</b>	
CITY-ST-ZIP	<b>WESTON WV</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, JOYCE R</b>	
STREET ADDRESS	<b>769 JOHN RINGLING BLVD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, JANA C</b>	
STREET ADDRESS	<b>1921 PRINCESS STREET</b>	
CITY-ST-ZIP	<b>WILMINGTON NC</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TALBOTT, WILLIAM W</b>	
STREET ADDRESS	<b>79 MOORELAND DR</b>	
CITY-ST-ZIP	<b>WEBSTER SPRINGS WV 26288</b>	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:

*John Talbott, Secy.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

**3/13/03 (304) 847-5100**

Date

Daytime Phone #

CR2E034 (10/02)