

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J36028

1. Entity Name

WHIPPOORWILL HOMEOWNERS, INC.

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

02-11-2000 90012 016 ***150.00

Principal Place of Business

10032 LK WHIPPOORWILL CT
ORLANDO FL 32832
US

Mailing Address

10032 LK WHIPPOORWILL CT
ORLANDO FL 32832-6045
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2746452**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'HANLON, PENNY
10032 LAKE WHIPPOORWILL COURT
ORLANDO FL 32832

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 PD ☐ Delete
NAME DEVLIN, WM E
STREET ADDRESS 10049 LAKE WHIPPOORWILL COURT
CITY-ST-ZIP ORLANDO FL 32832

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME O'HANLON, PENNY
STREET ADDRESS 10032 LAKE WHIPPOORWILL
CITY-ST-ZIP ORLANDO FL 32832

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME BEENY, GEORGE
STREET ADDRESS 10049 LAKE WHIPPOORWILL
CITY-ST-ZIP ORLANDO FL 32832

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KOHLMANN, PETER J
STREET ADDRESS 10020 LK WHIPPOORWILL CT
CITY-ST-ZIP ORLANDO FL 32832

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BELL, EVELYN
STREET ADDRESS 10061 LAKE WHIPPOORWILL CT
CITY-ST-ZIP ORLANDO FL 32832

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Penny O'Hanlon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-2000

Date

Daytime Phone #