

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J50806

1. Entity Name

WHISPER CREEK, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90051 030 ***158.75

Principal Place of Business

Mailing Address

1980 HICKORY DR
LABELLE FL 33935

1980 HICKORY DR
LABELLE FL 33935-9429

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. *SAME*

Suite, Apt. #, etc. *SAME*

City & State

City & State

4. FEI Number

65-0029301

Applied For

Not Applicable

Zip

Country

Zip

Country

FLADES

33935

USA

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

CAVIN, LEO J.
1600 POLLYWOG DRIVE
LABELLE FL 33935

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

11a. 11b. 11c. 11d.

11e.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	CAVIN, LEO J.	1600 POLLYWOG DR.	LABELLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	CHRISTENSON, CHERI (1ST)	571 SHADOW LN.	LABELLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	SHIRLEY, JUANITA M.	RT. 1 BOX 1510	LABELLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVP	SHIRLEY, WALTER A	RT. 1 BOX 1510	LABELLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVP	CHRISTEN, DARRELL L	571 SHADOW LN	LABELLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DEVP	CAVIN, MARJORIE J	1600 POLLYWOG DR	LABELLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Juanita M. Shirley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/00 (863) 675-6888