

2001 UNIFORM BUSINESS REPORT UBR)

DOCUMENT # J50806

1. Entity Name
WHISPER CREEK, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90341 026 ***158.75

Principal Place of Business

1980 HICKORY DR
LABELLE FL 33935

Mailing Address

1980 HICKORY DR
LABELLE FL 33935

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 65-0029301

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

CAVIN, LEO J.

1600 POLLYWOG DRIVE
LABELLE FL 33935

4365 Pollywog Dr.

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!!! FEES \$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 PD
NAME CAVIN, LEO J.
STREET ADDRESS 1600 POLLYWOG DR.
CITY-ST-ZIP LABELLE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4365 Pollywog Dr.
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME CHRISTENSON, CHERI (1ST)
STREET ADDRESS 571 SHADOW LN.
CITY-ST-ZIP LABELLE FL ☐ Delete

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

TITLE TD
NAME SHIRLEY, JUANITA M.
STREET ADDRESS RT. 1 BOX 1510
CITY-ST-ZIP LABELLE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1980 Hickory Dr.
CITY-ST-ZIP

TITLE DVP
NAME SHIRLEY, WALTER A
STREET ADDRESS RT. 1 BOX 1510
CITY-ST-ZIP LABELLE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1980 Hickory Dr.
CITY-ST-ZIP

TITLE DVP
NAME CHRISTEN, DARRELL L
STREET ADDRESS 571 SHADOW LN
CITY-ST-ZIP LABELLE FL ☐ Delete

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

TITLE DEVP
NAME CAVIN, MARJORIE J
STREET ADDRESS 1600 POLLYWOG DR
CITY-ST-ZIP LABELLE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4365 Pollywog Dr.
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:

Juanita M. Shirley, Treas.
JUANITA M. SHIRLEY, TREAS.

2/19/01 (863) 675-6888
Date Daytime Phone #

CR2E034 (10/00)