

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85497

1. Entity Name

WHISTLE PIG, INC.

Principal Place of Business

Mailing Address

C/O JEFFREY C. SHANNON
501 E KENNEDY BLVD. S-1700
TAMPA FL 33602

C/O JEFFREY C. SHANNON
501 E KENNEDY BLVD. S-1700
TAMPA FL 33602-5239

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

59-3024595

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

SHANNON, JEFFREY C.
501 E KENNEDY BLVD.
S-1700
TAMPA FL 33602

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	DVT	<input type="checkbox"/> Delete
NAME	EDWARDS, JOSEPH E., III	
STREET ADDRESS	502 MAIN STREET, #210	
CITY-ST-ZIP	CARBONDALE CO 81623	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HERNDON, HOWARD W.	
STREET ADDRESS	4430 TYNE BLVD	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SHANNON, JEFFREY C.	
STREET ADDRESS	501 E KENNEDY BLVD #1700	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LACKEY, RAYMOND D.	
STREET ADDRESS	703 ARUNDEL PLACE	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REYNOLDS, ROBERT C.	
STREET ADDRESS	3145 W. ROXBORO RD	
CITY-ST-ZIP	ATLANTA GA 30324	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EVANS, DAVID	
STREET ADDRESS	6026 ROSE AVE	
CITY-ST-ZIP	HOUSTON TX 77067	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

Jeffrey C. Shannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

(813) 228-7411

Daytime Phone #

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

05-11-2000 90090 001 ***450.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)