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FILED
Jul 04, 2002 8:00 am
Secretary of State
02-27-2002 90034 031 ****70.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007745

1. Entity Name

WHISPERING WINDS RESCUE RANCH, INC.

Principal Place of Business	Mailing Address
6104 S.W. 202ND ST. NEWBERRY FL 32669	6104 S.W. 202ND ST. NEWBERRY FL 32669

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6104 SW 202nd St. Suite, Apt. #, etc.	6104 SW 202ND St. Suite, Apt. #, etc.
City & State: Newberry, FL	City & State: Newberry, FL
Zip: 32669 Country: USA	Zip: 32669 Country: USA

4. FEI Number: 59-3755793 ☐ 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
ROACH, JEROME J 12445 GUILFORD WAY WELLINGTON FL 33414	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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President - Director YATES, THERESA M 6104 S.W. 202TH ST. NEWBERRY FL 32669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP - Director STRAPPLE, EUGENE P 6104 S.W. 202TH ST. NEWBERRY FL 32669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST - Director [redacted] CAVE, HEATHER 8311 NE 110 Th St. BRONSON, FL 32621	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/01)

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 617, 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: SIGNATURE REQUIRED 2/14/02 352-472-3925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #