

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06583

1. Entity Name

WHISPERING PINES EAST SUBDIVISION, INC.

6

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC -6 PM 1:44

Principal Place of Business

Mailing Address

P.O. BOX 20452  
TALLAHASSEE FL 32316

P.O. BOX 20452  
TALLAHASSEE FL 32316

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

59-0563128

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

COLLINS, BRENDA  
8495 BAY CEDAR DRIVE  
TALLAHASSEE FL 32310

Name Kent Wade

Street Address (P.O. Box Number is Not Acceptable)

8473 Bay Cedar Drive

City Tallahassee

FL

Zip Code  
32310

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  
P  
WADE, KENT  
8473 BAY CEDAR DR.  
TALLAHASSEE FL 32310 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SHIPMAN, KEITH  
220 CHINKAPIN LN  
TALLAHASSEE FL 32310 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SHICK, KEVIN  
8474 BAY CEDAR DR.  
TALLAHASSEE FL 32310 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
502143900554  
05/14/02--90349--008 \*\*\$61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS - D  
COLLINS, BRENDA  
8495 BAY CEDAR DR.  
TALLAHASSEE FL 32310 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WADE, CINDY  
8473 BAY CEDAR DR  
TALLAHASSEE FL 32310 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCDOWELL, SANDY  
397 MASTIC LANE  
TALLAHASSEE FL 32310 ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

To Whom It May Concern:

This is to confirm that  
I did not receive a  
reject notice for the  
Whispering Pines East Homeowners  
Association.

Brenda Collins