

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08376

1. Entity Name

WHISPERING LAKES SERVICE ASSOCIATION, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90295 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3195 N. POWERLINE ROAD, SUITE 104  
POMPANO BEACH FL 33069

3195 N. POWERLINE ROAD, SUITE 104  
POMPANO BEACH FL 33069-1052



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2183 N. POWERLINE RD  
SUITE #1

3. Mailing Address

2183 N. POWERLINE RD  
SUITE #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
POMPANO BCH, FL

City & State  
POMPANO BCH, FL

Zip

Country

Zip

Country

33069

33069

4. FEI Number

59-2441795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY, JAMES D.  
2101 NW 33RD ST., SUITE 700  
POMPANO BCH. FL 33069

7. Name and Address of New Registered Agent

Name

BRAD KOZIN

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

2183 N. POWERLINE RD.

City

POMPANO BCH

FL

Zip Code

33069

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRENNER, SCOTT 3195 N. POWERLINE RD., SUITE 104 POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCKINNEY, JOHN T. 623 2101 NW 33RD ST. #700 POMPANO BCH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATTON, OWEN 2150 NW 33 STREET POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brad Kozin 2183 N. Powerline Road #1 Pompamo Bch. FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Tim Rand 2100 NW 33rd Street Pompamo Beach, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brad Kozin

4/28/00

(954) 973-2100

Date

Daytime Phone #

CR2E037 (9/99)