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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N21874**

1. Corporation Name

UU IN THE PINES, INC.

* 5 7 7 2 8 3 *
 577203 - 90008 - 40

Principal Place of Business

Mailing Address

7029 CEDAR LANE
 BROOKSVILLE FL 34601

7029 CEDAR LANE
 BROOKSVILLE FL 34601



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/04/1987

22 City & State

27 City & State

4. FEI Number

Applied For

59-2845713

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAGAN, SUZANNE G
 7029 CEDAR LANE
 BROOKSVILLE FL 34601

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DM** DELETE
 NAME **GAGAN, SUZANNE G.**
 STREET ADDRESS **7023 CEDAR LN**
 CITY-ST-ZIP **BROOKSVILLE FL**

1.1 TITLE **DS** Change Addition
 1.2 NAME **MAUDE WARE**
 1.3 STREET ADDRESS **1876 Arrowwood Lane**
 1.4 CITY-ST-ZIP **Inverness FL 34453**

TITLE **DS** DELETE
 NAME **SMITHWICK, MARY**
 STREET ADDRESS **PO BOX 26**
 CITY-ST-ZIP **DELEON SPRINGS FL**

2.1 TITLE **D** Change Addition
 2.2 NAME **CHRIS FENNINGER**
 2.3 STREET ADDRESS **2338 Middleton**
 2.4 CITY-ST-ZIP **Winter Park FL 32792**

TITLE **DP** DELETE
 NAME **EVANS, HAROLD**
 STREET ADDRESS **7326 4TH AVE N**
 CITY-ST-ZIP **ST PETE FL 33710**

3.1 TITLE **D** Change Addition
 3.2 NAME **Donald Micklewright**
 3.3 STREET ADDRESS **2015 Charnes Court**
 3.4 CITY-ST-ZIP **Lakeland FL 33813**

TITLE **DV** DELETE
 NAME **BROOKS, GEORGE**
 STREET ADDRESS **2100 KINGS HWY #347**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33930**

4.1 TITLE **D** Change Addition
 4.2 NAME **Katie Sill**
 4.3 STREET ADDRESS **233 Bald Eagle Court**
 4.4 CITY-ST-ZIP **Royal Palm Beach FL 33411**

TITLE **DV** DELETE ADDITION
 NAME **DOROTHY C MENADIER**
 STREET ADDRESS **7400 SW 82nd Street**
 CITY-ST-ZIP **Miami FL 33143**

5.1 TITLE **D** Change Addition
 5.2 NAME **Rev Robert Tucker**
 5.3 STREET ADDRESS **1912 S Shady Lane**
 5.4 CITY-ST-ZIP **Lakeland FL 33803**

TITLE **DT.** DELETE ADDITION
 NAME **MARY S RICKER**
 STREET ADDRESS **24115 Winding Creek Drive Brooksville**
 CITY-ST-ZIP **FL 34601**

6.1 TITLE **D** Change Addition
 6.2 NAME **Robert and Evelyn Winchester**
 6.3 STREET ADDRESS **11200 Walsingham Rd #67A**
 6.4 CITY-ST-ZIP **Large FL 33778**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Suzanne Gagan* SIGNATURE REQUIRER: *Suzanne Gagan* Date: *6/15/99* (352) 996-4457
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)