

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21874

1. Entity Name

UU IN THE PINES, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90160 027 ****61.25

Principal Place of Business

Mailing Address

7029 CEDAR LANE
 BROOKSVILLE FL 34601

7029 CEDAR LANE
 BROOKSVILLE FL 34601-7727

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2845713

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAGAN, SUZANNE G
7029 CEDAR LANE
BROOKSVILLE FL 34601

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGAN, SUZANNE G.	NAME	
STREET ADDRESS	7023 CEDAR LN	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARE, MAUDE	NAME	
STREET ADDRESS	1876 ARROWWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34453	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, HAROLD	NAME	
STREET ADDRESS	7326 4TH AVE N	STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL 33710	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENNINGER, CHRIS	NAME	
STREET ADDRESS	2338 MIDDLETON	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENADIER, DOROTHY C	NAME	
STREET ADDRESS	7400 SW 82ND ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKER, MARY S	NAME	
STREET ADDRESS	24115 WINDING CREED DR	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601	CITY-ST-ZIP	

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: Suzanne Gagan 1/21/2000 (352) 196-4457
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)