

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

0064336

04-17-2002 90165 041 \*\*\*\*61.25

**DOCUMENT # N21874**  
 1. Entity Name  
**UU IN THE PINES, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>7029 CEDAR LANE<br/>BROOKSVILLE FL 34601</b> | Mailing Address<br><b>7029 CEDAR LANE<br/>BROOKSVILLE FL 34601</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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<br><b>59-2845713</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |   |  |

**6. Name and Address of Current Registered Agent**

**GAGAN, SUZANNE G**  
**7029 CEDAR LANE**  
**BROOKSVILLE FL 34601**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>DM<br>GAGAN, SUZANNE G.<br>STREET ADDRESS<br>7023 CEDAR LN<br>CITY-ST-ZIP<br>BROOKSVILLE FL                | <input type="checkbox"/> Delete            |
| TITLE NAME<br>DS<br>FOREMAN, VIRGINIA<br>STREET ADDRESS<br>ARBOE OAKS DRIVE<br>CITY-ST-ZIP<br>ZEPHYRHILLS FL 33541       | <input type="checkbox"/> Delete            |
| TITLE NAME<br>DP<br>MENADLER, DOROTHY C<br>STREET ADDRESS<br>7400 SW 82ND STREET #K 106<br>CITY-ST-ZIP<br>MIAMI FL 33143 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME<br>DT<br>DAVIS, MARTANNE<br>STREET ADDRESS<br>860 VIRGINIA STREET # 203<br>CITY-ST-ZIP<br>DUNEDON FL 34689    | <input type="checkbox"/> Delete            |
| TITLE NAME<br>DV<br>MICKLEWRIGHT, DONALD<br>STREET ADDRESS<br>2015 CHARMS COURT<br>CITY-ST-ZIP<br>LAKELAND FL 33813      | <input type="checkbox"/> Delete            |
| TITLE NAME<br>DT<br>RICKER, MARY S<br>STREET ADDRESS<br>24115 WINDING CREEK DR.<br>CITY-ST-ZIP<br>BROOKSVILLE FL 34601   | <input type="checkbox"/> Delete            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|   |  |
|---|--|
| TITLE NAME<br>TM<br>GAGAN, SUZANNE G<br>STREET ADDRESS<br>7029 CEDAR LANE<br>CITY-ST-ZIP<br>BROOKSVILLE FL 34601        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>TS<br>YOUNG, VIRGINIA<br>STREET ADDRESS<br>36313 ARBOR OAKS DRIVE<br>CITY-ST-ZIP<br>ZEPHYRHILLS FL 33541  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>TT<br>DAVIS, MARIANNE<br>STREET ADDRESS<br>860 VIRGINIA STREET #203<br>CITY-ST-ZIP<br>DUNEDIN FL 34689    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>T<br>MICKLEWRIGHT, DONALD<br>STREET ADDRESS<br>2015 CHARNS COURT<br>CITY-ST-ZIP<br>LAKELAND FL 33813      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>T<br>RICKER, MARY S<br>STREET ADDRESS<br>24115 WINDING CREEK DRIVE<br>CITY-ST-ZIP<br>BROOKSVILLE FL 34601 | <input checked="" 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:** *Suzanne Goltz Gagan* **2/3/02** **(352) 996-4457**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

*Attachment*

UU IN THE PINES INC  
7029 CEDAR LANE BROOKSVILLE FL 34601  
(352) 796-4457 [uupines@bellsouth.net](mailto:uupines@bellsouth.net)

# N21874  
764370

2002-2003 BOARD OF TRUSTEES  
ADDITIONAL MEMBERS NOT LISTED ON YOUR FORM

TP  
Harold Evans  
7326 4<sup>th</sup> Avenue North  
St. Petersburg FL 33710

TV  
Mary Smithwick  
PO Box 26  
DeLeon Springs FL 32130

TS  
Maude Ware  
1876 Arrowwood Lane  
Inverness FL 34453

T  
Elizabeth Leutner  
13403 Boca Ciega Avenue  
Madeira Beach FL 33708

T  
William Norsworthy  
2545 Knotty Pine Way  
Clearwater FL 33761

T  
Ellen Peterson  
PO Box 82  
Palmdale FL 33944

T  
Robert D Winchester  
11 200 Walsingham Road #67A  
Largo FL 33778