2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41485 1. Entity Name						Jan 31, 2000 8:00 am Secretary of State			
WOODLAND FELLO	WSHIP, INC.					01-31-2000 9002			
Principal Place of Business		Mailing Address	<u> </u>						
8020 BAYSHORE ROAD PALMETTO FL 34221		8020 BAYSHORE ROAD PALMETTO FL 34221-9757				911153			
2. Principal Place of Busine	ss	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Numbe	07 0000040		Applied For Not Applicabl		
Zip	Country	Zip	Country	у			\$8.75 A		
6. Name a	and Address of Current Re	egistered Agent			7. Name and	Address of New Regis	stered Agent		
			Ľ	Vame	·	<u> </u>			
WOODSON, DONNA E			Street Address		ess (P.O. Box Numbe	er is Not Acceptable)			
8020 BAYSHORE ROAL									
PALMETTO FL 34221	•			City			FL Zip Co	ode	
8. The above named entity	submits this statement for t	he purpose of changing its	registered c	office or reg	istered agent, or bol	th, in the state of Florida	· · · · · · · · · · · · · · · · · · ·		
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CONTRACT CONTRACT	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	edsen				Oar	0250	000	
SIGNATURE SIgnature, typed or	nor of registered agent and	d title if applicable. (NOTE	: Registered Age	ent signature rei	equired when reinstating)	Jan	0 25, 3 DATE	000	
	r printed name of registered agent and	d title if applicable. (NOTE	Registered Age	ent signature rei	iquired when reinstating)	Jan	U 25, 3	0.00	
	IOW:	d title if applicable. (NOTE 9. Election Campaign Trust Fund Contribu	Financing	ent signature rei	equired when reinstating) 5.80 May Be added to Fees	Make C	DATE heck Payable to the threat of State		
Signature, typed of	IOW: \$61.25	9. Election Campaign Trust Fund Contribu	Financing tion.		5:60 May Be	Make C Depar	heck Payable tement of State	to	
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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 *l* arri 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

FILED