

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000022

1. Entity Name

WILDERNESS COVE, INC.

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90051 048 ****61.25

0091796

Principal Place of Business

Mailing Address

RR1 BOX 81
ROBBINSVILLE NC 28771
US

RR1 BOX 81
ROBBINSVILLE NC 28771
US

2. Principal Place of Business

2240 Long Creek Rd

Suite, Apt. #, etc.

3. Mailing Address

2240 Long Creek Rd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Robbinsville NC

City & State

Robbinsville NC

4. FEI Number

65-0677112

Applied For

Not Applicable

Zip

28771

Country

USA

Zip

28771

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOY, WILLIAM
5264 CLAYTON COURT, SUITE 5
FT. MYERS FL 33907

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOAFMAN, ROB
RR1 BOX 81
ROBBINSVILLE NC 28771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RICKER, SCOTT
7210 WESTPOINTE BLVD. #1325
ORLANDO FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEDFORD, RAY
3425 RAINBOW DR
WAXHAN NC 28173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOY, WILLIAM
5264 CLAYTON CT. #5
FT. MYERS FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEDFORD, PATRICIA
3425 RAINBOW DRIVE
WAXHAW NC 28173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *William Loy* SIGNATURE REQUIRED Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02

Date

828-179-2993

Daytime Phone #

CR2E037 (9/01)