

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90146 016 ****61.25

DOCUMENT # N97000000022

1. Entity Name

WILDERNESS COVE, INC.



Principal Place of Business

**2240 LONG CREEK RD
ROBBINSVILLE NC 28771
US**

Mailing Address

**2240 LONG CREEK RD
ROBBINSVILLE NC 28771
US**

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 **65-0677112**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LOAFMAN, ROB	
STREET ADDRESS	RR1 BOX 81	
CITY-ST-ZIP	ROBBINSVILLE NC 28771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICKER, SCOTT	
STREET ADDRESS	7210 WESTPOINTE BLVD. #1325	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEDFORD, RAY	
STREET ADDRESS	3425 RAINBOW DR	
CITY-ST-ZIP	WAXHAN NC 28173	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOY, WILLIAM	
STREET ADDRESS	5264 CLAYTON CT. #5	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEDFORD, PATRICIA	
STREET ADDRESS	3425 RAINBOW DRIVE	
CITY-ST-ZIP	WAXHAW NC 28173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Rob Loafman

3-6-03

\$28,479.2993

CR2E037 (10/02)