

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000117917**Entity Name
WINTERPORT DEVELOPMENT COMPANY**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90123 042 ***150.00

Principal Place of Business

**6 E. PLANT STREET
WINTER GARDEN FL 34787**

Mailing Address

**16 E. PLANT STREET
WINTER GARDEN FL 34787**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3707325

Applied For

Not Applicable

Zip

Country

Zip

Country

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****KARR, THOMAS J JR
527 MAIN STREET
WINDERMERE FL 34786**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****1. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input type="checkbox"/> Delete
NAME	NEIL, EDWARD C	
STREET ADDRESS	2985 TATE BLVD SE	
CITY-STATE-ZIP	HICKORY NC 28601	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ALLEN, DONALD R	
STREET ADDRESS	16 E PLANT ST	
CITY-STATE-ZIP	WINTER GARDEN FL 34787	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BROWN, LEE G	
STREET ADDRESS	201 S. GOVERNMENT SE. #208	
CITY-STATE-ZIP	HICKORY NC 28602	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	TOWNSEND, KEITH R	
STREET ADDRESS	201 S. GOVERNMENT AVE SW., #208	
CITY-STATE-ZIP	HICKORY NC 28602	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HAGER, THOMAS	
STREET ADDRESS	13900 CONLAN CIR. STE. #240	
CITY-STATE-ZIP	CHARLOTTE NC 28277	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KARR, THOMAS J	
STREET ADDRESS	527 MAIN ST	
CITY-STATE-ZIP	WINDERMERE NC	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen, Donald R	
STREET ADDRESS	16 E Plant Street	
CITY-STATE-ZIP	Winter Garden FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

3. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)