

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State
 02-15-2002 90003 020 ***150.00

DOCUMENT # P94000040300

1. Entity Name
WHISPERING OAKS GOLF AND COUNTRY CLUB, INC.

Principal Place of Business
34450 WHISPERING OAKS BLVD.
RIDGE MANOR FL 33525
US

Mailing Address
 2550 N. LOOP WEST
 STE. #400
 HOUSTON TX 77092
 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 1360 Post Oak Blvd
 Suite #1900

City & State

City & State
 Houston TX

4. FEI Number
 59-3247144

Applied For
 Not Applicable

Zip

Country

Zip
 77056

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

KEATING, JOHN K
749 NORTH GARLAND AVENUE
STE. #101
ORLANDO FL 32801

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** _____

9. 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KETTLE, ANNE R**
STREET ADDRESS **5284 ISLE WORTH COUNTRY CLUB DR**
CITY-ST-ZIP **WINDEMERE FL 34786**

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

TITLE **DVS** ☐ Delete
NAME **FLOYD, MARIA**
STREET ADDRESS **231 ROYAL PLAM WAY, SUITE 100 120**
CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE **D--** ☐ Delete
NAME **FLOYD, RAYMOND L**
STREET ADDRESS **231 ROYAL PALM WAY, STE 100 120**
CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

13. 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: Anne R Kettle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)