

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90301 012 ***150.00

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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
**360 POST OAK BLVD
STE 1900
HOUSTON TX 77056
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3247144**

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

**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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. 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 **92 Bal Cross Drive**
STREET ADDRESS **Bal Harbour, FL 33154**
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **10 Blossom Way**
STREET ADDRESS **Palm Beach, FL 33480**
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **10 Blossom Way**
STREET ADDRESS **Palm Beach, FL 33480**
CITY-ST-ZIP

TITLE ☐ Delete
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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 607, 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:

Anna Randa de Kettle

1-27-03

305-867-7683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)