

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90089 021 \*\*\*158.75

**DOCUMENT # P95000003074**

1. Entity Name

**WHISKEY SPRINGS, INC.**

Principal Place of Business <b>1205 FOX DEN RD APOPKA FL 32712 US</b>	Mailing Address <b>1205 FOX DEN RD APOPKA FL 32712-3009 US</b>
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**80005880**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2404 N. RIO GRANDE AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>2404 N. RIO GRANDE AVE.</b> Suite, Apt. #, etc.
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City & State <b>ORLANDO, FLORIDA</b>	City & State <b>ORLANDO, FLORIDA</b>	4. FEI Number <b>59-3291774</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32804</b>	Country <b>US</b>	Zip <b>32804</b>	Country <b>US</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent  <b>POPE, NICHOLAS A 215 NO. EOLA DRIVE ORLANDO FL 32801</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MILLS, RUSSELL L SR. 1205 FOX DEN RD APOPKA FL 32712</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CARUSO, AUSTIN A JR. 100 W PINELOCH ST ORLANDO FL 32856</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CARUSO, JAMES P 100 W PINELOCH ST ORLANDO FL 32856</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BARTON, DONALDSON K SR. 1505 EAST COLONIAL DRIVE ORLANDO FL 32801</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUGHES, DAVID H 20 NORTH ORANGE AVE ORLANDO FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/Secretary POPE, NICHOLAS A 215 NO. EOLA DRIVE E ORLANDO FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nicholas A. Pope **Nicholas A. Pope** 1/13/00 407-843-4600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #