

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

NS0717 AV

DOCUMENT # **P96000086596**

1. Entity Name
WHISKEY CREEK DEVELOPMENTS, INC.

04-02-2002 90980 034 ***150.00

Principal Place of Business
870 BALD EAGLE DR.
STE 1B
MARCO ISLAND FL 34145
US

Mailing Address
870 BALD EAGLE DR.
STE 1B
MARCO ISLAND FL 34145
US



2. Principal Place of Business
997 N. COLLIER BLVD

3. Mailing Address
997 N. COLLIER BLVD

Suite, Apt. #, etc.
Ste G

Suite, Apt. #, etc.
STE G

City & State
MARCO ISL FL

City & State
MARCO ISL FL

4. FEI Number **65-0705422**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip **34145** Country **US**

Zip **34145** Country **US**

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

REINDERS, JAMES M
870 BALD EAGLE DR
STE 1B
MARCO ISLAND FL 34145

Name
REINDERS JAMES M
 Street Address (P.O. Box Number is Not Acceptable)
997 N COLLIER BLVD STE G
 City **MARCO ISL** FL Zip Code **34145**

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

JAMES M. REINDERS

3/23/02

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
PASD
 NAME **REINDERS, JAMES M.**
 STREET ADDRESS **870 BALD EAGLE DR., STE 1B**
 CITY-ST-ZIP **MARCO ISLAND FL**

TITLE Change Addition
PASD
 NAME **REINDERS JAMES M**
 STREET ADDRESS **997 N COLLIER BLVD STE G**
 CITY-ST-ZIP **MARCO ISL FL 34145**

TITLE Delete
VD
 NAME **BAILEY, FRED**
 STREET ADDRESS **870 BALD EAGLE DR., STE 1B**
 CITY-ST-ZIP **MARCO ISLAND FL**

TITLE Change Addition
VD
 NAME **BAILEY, C. FRED**
 STREET ADDRESS **997 N COLLIER BLVD STE G**
 CITY-ST-ZIP **MARCO ISL FL 34145**

TITLE Delete
VSTD
 NAME **SNYDER, WILLIAM F.**
 STREET ADDRESS **870 BALD EAGLE DR., STE 1B**
 CITY-ST-ZIP **MARCO ISLAND FL**

TITLE Change Addition
VSTD
 NAME **SNYDER WILLIAM F**
 STREET ADDRESS **997 N COLLIER BLVD STE G**
 CITY-ST-ZIP **MARCO ISL FL 34145**

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change 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: **WILLIAM F. SNYDER VP**

Date **3/23/02**

Daytime Phone # **941 389 1110**

CR2E034 (9/01)