

2000 UNIFORM BUSINESS REPORT (UBR) FEB 75

0075801

DOCUMENT # P97000050762

1. Entity Name

WHISTLER'S COVE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 23 PM 3:00

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 615 CRESCENT EXECUTIVE CT STE 120 LAKE MARY FL 32746 US | 615 CRESCENT EXECUTIVE CT STE 120 LAKE MARY FL 32746-2120 US |



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | | | |
|----------------------------------|------------|-------------------------------------|--------------------------------|
| 4. FEI Number | 59-3472385 | Applied For | |
| | | Not Applicable | |
| 5. Certificate of Status Desired | | <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR.
135 W. CENTRAL BLVD., STE. 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 _____ (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"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|---|-----------------------------|

| 11. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | DVS |
| NAME | WOLF, JONATHAN L |
| STREET ADDRESS | 615 CRESCENT EXECUTIVE CT, STE 120 |
| CITY-ST-ZIP | LAKE MARY FL 32746 |
| TITLE | DP |
| NAME | BORCK, TODD L |
| STREET ADDRESS | 615 CRESCENT EXECUTIVE CT, STE 12 |
| CITY-ST-ZIP | HEATHROW FL 32746 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|-----------------------------------|
| TITLE | VP |
| NAME | N. DWAYNE GRAY, JR. |
| STREET ADDRESS | 135 WEST CENTRAL BLVD., STE. 1100 |
| CITY-ST-ZIP | ORLANDO, FL 32801 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| 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: N. Dwayne Gray, Jr. 2/22/00 407-425-6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
N. DWAYNE GRAY, JR.

CR2E034 (9/99)

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