

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90014 008 \*\*\*150.00

**DOCUMENT # P98000104010**

1. Entity Name

**WOLF CREEK LAND DEVELOPMENT, INC.**

Principal Place of Business

1700 13TH ST  
 STE 1  
 SAINT CLOUD FL 34769

Mailing Address

1700 13TH ST  
 STE 1  
 SAINT CLOUD FL 34769-4300

2. Principal Place of Business

1700 13th Street  
 Suite #1

3. Mailing Address

1700 13th Street  
 Suite #1

City & State

St. Cloud, FL

City & State

St. Cloud, FL

Zip

34769

Country

~~USA~~ **USA**

Zip

34769

Country

~~USA~~ **USA**

4. FEI Number

54-3547584

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

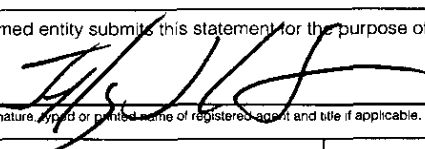
6. Name and Address of Current Registered Agent

CARPENTER, JEFFREY  
 428 5TH ST  
 ORLANDO FL 32824

7. Name and Address of New Registered Agent

Name: Jeffery J. Carpenter  
 Street Address (P.O. Box Number is Not Acceptable): 1700 13th Street  
 Suite #1  
 City: St. Cloud FL Zip Code: 34769

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: 3/22/00

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CARPENTER, JEFFREY J	
STREET ADDRESS	2540 HICKORY TREE RD.	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOEQUIST, CHARLES E	
STREET ADDRESS	3101 MAGUIRE BLVD., S-101	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, JEFFREY J.	
STREET ADDRESS	2540 HICKORY TREE ROAD	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE	VP, D, S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT E. MEDANIEL II	
STREET ADDRESS	2542 HICKORY TREE ROAD	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00 407 957-2000

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE