

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 144682

1. Entity Name

WITHERS & HARSHMAN CARETAKERS INC

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90031 049 ***150.00

Principal Place of Business

526 PARK ST
PO BOX 1299
SEBRING FL 33871-1299

Mailing Address

526 PARK ST
PO BOX 1299
SEBRING FL 33871-1299

704202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0540061**

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

HARSHMAN, W E
526 PARK STREET
POST OFFICE BOX 1299
SEBRING FL 33871-1299

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

[Signature]

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SCHUMACHER, C R
STREET ADDRESS 1901 DESOTO PL
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME VICKERS, BARBARA
STREET ADDRESS 1228 STENEWAHEE AVE
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME HARSHMAN, W E
STREET ADDRESS 1416 NW LAKEVIEW DR
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KOCH, LOUISE
STREET ADDRESS 1908 DELEON PL
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS
NAME LEHMAN, PATRICIA
STREET ADDRESS 2729 QUEENSWOOD DR
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ANDREWS, EMMETT
STREET ADDRESS 2237 NE LAKEVIEW DR
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE ☐ Change ☐ 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 my address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)