

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 213372

1. Entity Name

J.M. WHITAKER & SON INC

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90005 033 ***158.75

Principal Place of Business

124 C.R. 29
P.O. BOX 486
LAKE PLACID FL 33852

Mailing Address

124 C.R. 29
P.O. BOX 486
LAKE PLACID FL 33852

643165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

124 CR 29
Suite, Apt. #, etc.
P.O. Box 486

3. Mailing Address

124 CR 29
Suite, Apt. #, etc.
P.O. Box 486

City & State

Lake Placid, FL

City & State

Lake Placid, FL

Zip

33852

Country

Highlands

Zip

33852

Country

Highlands

4. FEI Number

59-0834673

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITAKER, JEAN M
LAKE CLAY DRIVE
LAKE PLACID FL 33852

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

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WHITAKER, JEAN M
1604 LAKE CLAY DRIVE
LAKE PLACID FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WHITAKER, DORIS E
1604 LAKE CLAY DRIVE
LAKE PLACID FL ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

J.M. Whitaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0531796

CR2E034 (10/00)