

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90247 034 \*\*\*150.00

**DOCUMENT # 303471**

1. Entity Name

**MURPHY WHITE DAIRY, INC.**

Principal Place of Business

**344 S.E. 16TH AVE.**

**P.O. BOX 1575**

**OKEECHOBEE FL 34974-4741**

Mailing Address

**P.O. BOX 1048**

**WEBSTER FL 33597**

2. Principal Place of Business

**1715 CR 478**

Suite, Apt. #, etc.

**Webster Florida**

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

**33597**

Country

Zip

Country

4. FEI Number

**59-1145051**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WHITE, PAUL M.**

**344 SE 16TH AVE**

**OKEECHOBEE FL 33472**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1715 CR 478**

**Webster**

City

**FL**

Zip Code

**33597**

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

*Paul M. White*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-27-02**

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

TITLE **PD** ☐ Delete

NAME **WHITE, PAUL M SR**

STREET ADDRESS **344 SE 16TH AVENUE**

CITY-ST-ZIP **OKEECHOBEE, FL 00000**

TITLE **SD** ☐ Delete

NAME **CURLEY, ROBERT W**

STREET ADDRESS **2201 SW 28 ST #44**

CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **Paul M. White**

STREET ADDRESS **1715 CR 478**

CITY-ST-ZIP **Webster FL 33597**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

*Paul M. White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-02**

Date

**352-793-1972**

Daytime Phone #

CR2E034 (9/01)