

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 683238**

1. Entity Name

JOHN B. WHITE, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -2 PM 1:19

C0071428



DO NOT WRITE IN THIS SPACE

Principal Place of Business PO BOX 3555 250 AUSTRALIAN AVE S WEST PALM BEACH FL 33402 US		Mailing Address PO BOX 3555 WEST PALM BEACH FL 33402 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2021181		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1600 MIAMI CTR MIAMI FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WHITE, JOHN B 250 AUSTRALIAN AVE S WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WHITE, JEAN 250 S AUSTRALIAN AVE WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WHITE, JOHN B JR 250 AUSTRALIAN AVE S WEST PALM BCH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 registered 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 another like empowered.

SIGNATURE: John B. White, President 06/12/01 (601) 835-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

CR2034 (10/00)

JOHN B. WHITE, P.A.
ONE CLEARLAKE CENTRE, SUITE 500
250 AUSTRALIAN AVENUE SOUTH
WEST PALM BEACH, FLORIDA 33401
TELEPHONE (561) 650-8508
FACSIMILE (561) 650-8530

June 12, 2001

Uniform Business Report
Division of Corporations
Florida Department of State
409 E. Gaines Street (32399)
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: John B. White, P.A.
2001 Uniform Business Report

Ladies/Gentlemen:

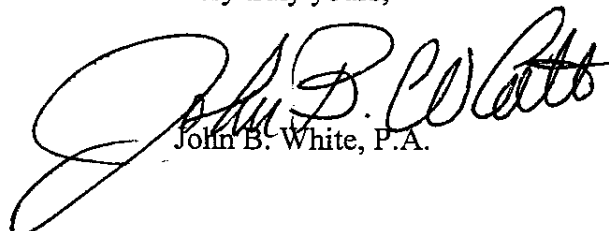
Enclosed please find the executed 2001 Uniform Business Report for the above-referenced corporation, together with a check in the amount of \$150.00.

I would greatly appreciate your Department waiving the late filing penalty. I have assumed the responsibility of caring for my elderly parents. My father is 89 and my mother is 88 and both are suffering from various health problems. My mother is living with us and we have transferred my father to a nursing home. I have also been under a very stressful workload in my offices.

To the best of my recollection, I have never been late in filing these reports. Your consideration of my request for this waiver is appreciated.

If you have any questions regarding the enclosures, please let us know.

Very truly yours,


John B. White, P.A.

JBW/maf
Enclosures
WPBDOCS 7050403.1 JBW