

FLORIDA FORM BUSINESS REPORT (FBR)

DOCUMENT # F00000001946

Entity Name

WHITE OAK PLANTATION, INC.

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91772 045 ***150.00

Principal Place of Business

OWENS ROAD
 EE FL 32097

Mailing Address

3823 OWENS ROAD
 YULEE FL 32097

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4040412

Applied For

Not Applicable

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

DAVIS, WILLIAM H
 WHITE OAK PLANTATION
 3823 OWENS ROAD
 YULEE FL 32097

Name

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

City

FL

Zip Code

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. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW WITH FEES \$150.00
After MAY 1, 2003, Fees will be \$200.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	BERGREEN, BERNARD D		
111 WEST 50TH STREET			
NEW YORK NY 10020			
VD	MOODY, NATALIE P		
111 WEST 50TH STREET			
NEW YORK NY 10020			
S	CROPPER, STEPHEN W		
111 WEST 50TH STREET			
NEW YORK NY 10020			

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 the report as required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

904-548-1033

Daytime Phone #