

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F21648

1. Entity Name

ROGER WHITE ASSOCIATES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90256 041 ***150.00

Principal Place of Business

Mailing Address

SPRING MEADOWS DRIVE
BEACH FL 32174

4 SPRING MEADOWS DRIVE
ORMOND BEACH FL 32118-7913
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2063119

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

WHITE, ROGER E
4 SPRING MEADOWS DR
ORMOND BEACH FL 32174

Roger White
1 Oceans West Blvd, 20A4
Daytona Beach Shores, FL 32118

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 Roger E White
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

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12.

DIRECTORS IN 11

☐ Change ☐ Addition

TITLE DP ☐ Delete
NAME WHITE, ROGER E
STREET ADDRESS 4 SPRING MEADOWS DR
CITY-ST-ZIP ORMOND BEACH FL

TITLE Roger White
NAME 1 Oceans West Blvd, 20A4
STREET ADDRESS Daytona Beach Shores, FL 32118
CITY-ST-ZIP

TITLE V ☐ Delete
NAME CARRELL, EDWIN A
STREET ADDRESS RTE 3 BOX 115B RANCH
CITY-ST-ZIP GEORGETOWN, TX 78226

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

Roger E White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/00

Daytime Phone #

904-769-5530

CR2E034 (9/99)