

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90091 016 ***150.00

DOCUMENT # G59454

1. Entity Name

WHITE OAK LAND CORP.

Principal Place of Business

645 RIVERSIDE AVE #619. PENINSULAR PLZ
P O BOX 2820
JACKSONVILLE FL 32203-2820
US

Mailing Address

645 RIVERSIDE AVE #619. PENINSULAR PLZ
P O BOX 2820
JACKSONVILLE FL 32203-2820
US

2. Principal Place of Business

601 II RIVERSIDE AVE ~~645 RIVERSIDE AVE~~ P.O. BOX 2820

3. Mailing Address

Suite, Apt. #, etc.

SUITE 619

City & State

JACKSONVILLE, FL

Zip

32203

Country

Country

4. FEI Number

59-2319084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARTNER, W.A.
1660 PRUDENTIAL DR STE 203
JACKSONVILLE FL 32207

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	PD	<input type="checkbox"/> Delete
NAME	WINSTON, JAMES H	
STREET ADDRESS	4825 ORTEGA BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	WINSTON-MASON, MCKIMMON	
STREET ADDRESS	367 6TH ST	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINSTON, JAMES H., JR.	
STREET ADDRESS	4825 ORTEGA BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WINSTON, MARY BURGMAN	
STREET ADDRESS	4825 ORTEGA BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4265 N. 26th Street
CITY-ST-ZIP	Boulder, CO 80304
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1455 Ocean Drive #802
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James H. Winston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01
Date

904-358-7269
Daytime Phone #

CR2E034 (10/00)