

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90062 008 ***150.00

DOCUMENT # G59454

1. Entity Name
WHITE OAK LAND CORP.

Principal Place of Business
601 N RIVERSIDE AVENUE
SUITE 619
JACKSONVILLE FL 32204
US

Mailing Address
PO BOX 2820
JACKSONVILLE FL 32203
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2319084**

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PD WINSTON, JAMES H**
 STREET ADDRESS **4825 ORTEGA BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVST WINSTON-MASON, MCKIMMON**
 STREET ADDRESS **4265 N 26TH STREET**
 CITY-ST-ZIP **BOULDER CO 80304**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WINSTON, JAMES H., JR.**
 STREET ADDRESS **1455 OCEAN DRIVE #802**
 CITY-ST-ZIP **MIAMI FL 33139**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V WINSTON, MARY BURGMAN**
 STREET ADDRESS **4825 ORTEGA BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
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TITLE Delete
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Change Addition
 TITLE
 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

1/14/02 904-358-7269
 Date Daytime Phone #

0021057
 CR2E034 (9/01)