

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005136 AF

**DOCUMENT #** L00000004899  
**1. Entity Name**  
 WHITLO, LLC

**FILED**  
 01 APR 26 AM 10:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**  
 284 PARK AVENUE NORTH  
 WINTER PARK FL 32789

**Mailing Address**  
 284 PARK AVENUE NORTH  
 WINTER PARK FL 32789



**2. Principal Place of Business**  
 284 Park Ave North  
 Suite, Apt. #, etc.  
 Suite A  
 City & State  
 Winter Park, FL

**3. Mailing Address**  
 284 Park Ave North  
 Suite, Apt. #, etc.  
 Suite A  
 City & State  
 Winter Park, FL

DO NOT WRITE IN THIS SPACE **MJH**

**4. FEI Number**

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 HADLEY, RALPH V III  
 1031 WEST MORSE BLVD., SUITE 160  
 WINTER PARK FL 32789

**7. Name and Address of New Registered Agent**  
 Name **ROBERT L. UNDERWOOD**  
 Street Address (P.O. Box Number is Not Acceptable)  
 537 East Park Avenue  
 City **Tallahassee** **FL** Zip Code **32301**

**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]* **Benchwarmers G.P., Inc. - manager**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **Robert L. Underwood** **4/20/01**  
 DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
 200004194602--9  
 -05/10/01--01138--002  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

SIGNATURE: *[Signature]* **Robert L. Underwood, Benchwarmers G.P., Inc., Manager** **4/20/01** **800-686-1615**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)