

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90353 039 \*\*\*150.00

**DOCUMENT # L01000012938**

1. Entity Name  
**O'CONNOR & WHITE, L.L.C.**

Principal Place of Business  
**186 N.W. CENTRAL PARK PLAZA**  
**PORT ST. LUCIE FL 34986**

Mailing Address  
**186 N.W. CENTRAL PARK PLAZA**  
**PORT ST. LUCIE FL 34986**

2. Principal Place of Business  
**1555 ST. LUCIE WEST BLVD.**

Suite, Apt. #, etc.  
**#203**

City & State  
**PORT ST. LUCIE, FL**

Zip  
**34986**

Country

3. Mailing Address  
**1555 ST. LUCIE WEST BLVD.**

Suite, Apt. #, etc.  
**#203**

City & State  
**PORT ST. LUCIE, FL**

Zip  
**34986**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-1129606**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**WHITE, THOMAS**  
**1555 ST. LUCIE WEST BLVD. #103**  
**PORT ST. LUCIE FL 34986**

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MEMBER / PARTNER** ☐ Delete  
 NAME **THOMAS WHITE**  
 STREET ADDRESS **23 HUNTLEIGH DRIVE**  
 CITY-ST-ZIP **ST LOUIS, MO 63131**

TITLE **MEMBER / PARTNER** ☐ Delete  
 NAME **DOROTHY COLE**  
 STREET ADDRESS **1083 SE PROCTOR LANE**  
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34983**

TITLE **MEMBER / PARTNER** ☐ Delete  
 NAME **JOHN O'CONNOR**  
 STREET ADDRESS **584 SW ST. JOHN'S BAY**  
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

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

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

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

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 REQUIRED**

**1/22/02 361-340-4001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)