## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # L01703**

1. Entity Name

WILTSHIRE, WHITLEY, RICHARDSON & ENGLISH, P.A.

Princip	al Place of	Business
207E M	FIRST OF	

Mailing Address

W. FIRST ST.

P.O. BOX 1020

SUITE 300 FORT MYERS FL 33901 FT. MYERS FL 33902-1020

. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

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

01-19-2000 90234 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Suite, Apt,	m, etc.	Odite, Apt. #, cto.			DO NOT WHITE IIV	THO OF THOE	
City & State		City & State 4.		4. F	4. FEI Number 65-0129793		Applied For
							Not Applicable
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	<b>\$8.75</b> A Fee Requ	
	6. Name and Address of Current Re	gistered Agent		7. N	lame and Address of New Registe	red Agent	
	<del></del>		Name				
PATRONE, ANDRE J. ESQUIRE 12685 NEW BRITTANY BLVD.		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	T MYERS FL		ļ				
			City			FL   Zip C	ode
		<del></del>		<del></del>	A sub- District Control of Florida		
8. The above	named entity submits this statement for the	ne purpose of changing its	registered office or regi	stered ag	ent, or both, in the State of Florida.		
SIGNATURE .	. <u></u>						
CIGITATORIE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signature red	uired when re	instating)	DATE	
		EII E NOW!	!! FEE IS \$150.00				
	oration is eligible to satisfy its Intangible requirement and elects to do so.		00 Fee will be \$550.	10	10. Election Campaign Financin		5.00 May Be
-	ria on back)	1	le to Department of		Trust Fund Contribution.	☐ Add	ded to Fees
					THE REPORT OF THE PERIOD OF TH	AND DIDECT	ODC IN 44
11.	OFFICERS AND DI	<del></del>	12.		DITIONS/CHANGES TO OFFICERS		
TITLE	PD WARDEN D. IB	☐ Delete	TITLE	VD		Chang	ge 🔀 Addition
NAME	WILTSHIRE, WARREN B. JR.		NAME	81771	IAM B. WILTSHIRE WEST FIRST ST.		
STREET ADDRESS	2075 W. FIRST ST.		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL 33901		CITY-ST-ZIP	FORT	MYERS FL 33901		<del>_</del> _
TITLE	SD	☐ Delete	TITLE		<del></del> -	☐ Chang	ge 🔲 Addition
NAME	RICHARDSON, ROBERT G.		NAME				
STREET ADDRESS	2075 W. FIRST ST.		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL 33901	•	CITY-ST-ZIP				
	TD.	□ Delete	TITLE			☐ Chang	ge _ [ Addition
TITLE - · -	ENGLISH, JOSEPH C.	· Finensis	NAME		•		)5
NAME	2075 W. FIRST ST.		STREET ADDRESS				
STREET ADDRESS	FORT MYERS FL 33901		CITY-ST-ZIP				
CITY-ST-ZIP	: PURT MTERO FL 33301		G111-31-21F				
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TITLE	VD	☐ Delete	TITLE			☐ Chang	do 🗀 vaginon
TITLE NAME	VD WHITLEY, STEVEN, R	☐ Delete	NAME			☐ Chanş	go [] Addition
	VD WHITLEY, STEVEN, R 2075 W. FIRST ST.	☐ Delete	NAME STREET ADDRESS			☐ Chang	ge 🔲 Addition
NAME	VD WHITLEY, STEVEN, R	☐ Delete	NAME			☐ Chang	go Addition
NAME STREET ADDRESS CITY-ST-ZIP	VD WHITLEY, STEVEN, R 2075 W. FIRST ST. FORT MYERS FL 33901 VD	☐ Delete	NAME STREET ADDRESS			☐ Chang	
NAME STREET ADDRESS	VD WHITLEY, STEVEN, R 2075 W. FIRST ST. FORT MYERS FL 33901		NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD WHITLEY, STEVEN, R 2075 W. FIRST ST. FORT MYERS FL 33901 VD		NAME STREET ADDRESS City-St-Zip Title				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VD WHITLEY, STEVEN, R 2075 W. FIRST ST. FORT MYERS FL 33901 VD - HAWKINS, CYNTHIA M		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITLEY, STEVEN, R 2075 W. FIRST ST. FORT MYERS FL 33901 VD - HAWKINS, CYNTHIA M 2075 W FIRST ST	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🔲 Addition
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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 a faddress, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

. Whitley. VD

1/7/00

941-334-9191

Daytime Phone #

CHZE034 (9/99