

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20456

1. Entity Name

LAURAINE LYALL WHITE, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90186 043 ***150.00

Principal Place of Business

11580 QUAIL VILL WAY
STE 200
NAPLES FL 34119-8916
US

Mailing Address

11580 QUAIL VILLAGE WAY
STE 200
NAPLES FL 34119-8916
US

2. Principal Place of Business

6078 HIGHWOOD PK. Ct.
Suite, Apt. #, etc.

3. Mailing Address

6078 HIGHWOOD PK. Ct.
Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

34110-2378

4. FEI Number

65-0155982

Applied For

Not Applicable

Zip

34110-2378

Country

Collier

Zip

Country

Collier

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

WHITE, LAURAINE LYALL
11580 QUAIL VILLAGE WAY
STE 200
NAPLES FL 34119

Name

Street Address (P.O. Box Number is Not Acceptable)

6078 HIGHWOOD PK. Ct.

City

NAPLES

FL

Zip Code

34110-2378

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WHITE, LAURAINE LYALL	
STREET ADDRESS	11580 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6078 HIGHWOOD PK. Ct.
CITY-ST-ZIP	NAPLES, FL 34110-2378
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	
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: *Lauraine L White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/01

Daytime Phone #

CP2E034 (10/00)