

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005956

1. Entity Name

THE HENRY AND RILLA WHITE FOUNDATION, INC.

Principal Place of Business

397 E HATHAWAY AVE  
BRONSON FL 32621  
US

Mailing Address

PO BOX 729  
BRONSON FL 32621  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3363521

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LANCASTER, SHEREE H  
109 EAST WADE STREET  
TRENTON FL 32693

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SCHOSSLER, WILLIAM R  
STREET ADDRESS ROUTE 3, BOX 387 F N/A  
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE D ☐ Delete  
NAME ARNOLD, JAMES A III  
STREET ADDRESS 3918 S.E. 75TH TERRACE  
CITY-ST-ZIP ALACHUA FL 32615

TITLE D ☐ Delete  
NAME WHITE, LUTHER M  
STREET ADDRESS PO BOX 759 N/A  
CITY-ST-ZIP CHIEFLAND FL

TITLE D ☐ Delete  
NAME DURRANCE, LINDA C  
STREET ADDRESS PO BOX 1314 N/A  
CITY-ST-ZIP BRONSON FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

WILLIAM R. SCHOSSLER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-922-8375

Daytime Phone #

FILED  
Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90073 013 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)