

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005674

1. Entity Name

CHARLES A. WHITEACRE MEMORIAL INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90010 047 ****61.25

Principal Place of Business

Mailing Address

23499 N.E. HWY 314
SALT SPRINGS FL 32134

P.O. BOX 5154
SALT SPRINGS FL 32134-5154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7194057

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FOSSICK, ANGELO R
14053 N.E. 171 PL
FT MCCOY FL 32134

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	APD	<input type="checkbox"/> Delete
NAME	CHURCHILL, CATHERIN	
STREET ADDRESS	P.O. BOX 5154	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
TITLE	ASVD	<input type="checkbox"/> Delete
NAME	MATHIS, NELL	
STREET ADDRESS	P.O. BOX 5154	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	FOSSICK, ANGELO R	
STREET ADDRESS	P.O. BOX 5154	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE REQUIRED

Angelo R Fossick 2-7-00 352-546-3601

Date

Daytime Phone #

CR2E037 (9/99)