

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90376 029 *****61.25

DOCUMENT # N98000005674

1. Entity Name

CHARLES A. WHITEACRE MEMORIAL INC.

Principal Place of Business

Mailing Address

23498 N.E. HWY 314
SALT SPRINGS FL 32134

P.O. BOX 5154
SALT SPRINGS FL 32134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7194057

Applied For

Not Applicable

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

O'TOOLE, M JOANNE

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

24830 NE 136th LN

City

SALT SPRINGS

FL

Zip Code

32134

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

M. Joanne O'Toole, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

4/13/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
APD
CHURCHILL, CATHERIN
P.O. BOX 5154
SALT SPRINGS FL 32134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DOSS, JACQUELINE E.
5720 SE 31st Ct.
OCALA, FL. 34480 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASVD
MATHIS, NELL
P.O. BOX 5154
SALT SPRINGS FL 32134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
HOLLMAN, RENEE L.
25241 NE 134th St.
SALT SPRINGS, FL. 32134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ATD
FOSSICK, ANGELO R
P.O. BOX 5154
SALT SPRINGS FL 32134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TID
O'TOOLE, M. JOANNE
24830 NE 136th LN
SALT SPRINGS, FL. 32134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

M. Joanne O'Toole

M. Joanne O'Toole 4/13/01

(352-685-3104)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)