

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005674

1. Entity Name

CHARLES A. WHITEACRE MEMORIAL INC.

Principal Place of Business

23498 N.E. HWY 314
SALT SPRINGS FL 32134

Mailing Address

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

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

O'TOOLE, MJOANNE
24830 NE 136TH LANE
SALT SPRINGS 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 PD
NAME DOSS, JACQUELINE E
STREET ADDRESS 5720 SE 31ST COURT
CITY-ST-ZIP Ocala FL 34480 ☒ Delete

TITLE PD
NAME DOSS, Jacqueline E.
STREET ADDRESS P.O. Box 05016
CITY-ST-ZIP Salt Springs, FL 32134 ☒ Change ☐ Addition

TITLE SVD
NAME HOLLMAN, RENEE I
STREET ADDRESS 25241 NE 134TH STREET
CITY-ST-ZIP SALT SPRINGS FL 32134 ☒ Delete

TITLE SVD
NAME Churchill, Catherine A.
STREET ADDRESS P.O. Box 5054
CITY-ST-ZIP Salt Springs, FL 32134 ☐ Change ☒ Addition

TITLE TD
NAME O'TOOLE, MJEANNE
STREET ADDRESS 24830 NE 136TH LANE
CITY-ST-ZIP SALT SPRINGS FL 32134 ☒ Delete

TITLE TD
NAME O'Toole, M. Joanne
STREET ADDRESS 24830 N.E. 136th Lane
CITY-ST-ZIP Salt Springs, FL 32134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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, Director, 2-15-02 352-685-3104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)