

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001457

1. Entity Name

THE REGAN C. WHITE MEMORIAL FUND, INC.

Principal Place of Business

12809 RAYSBROOK DRIVE
RIVERVIEW FL 33569

Mailing Address

12809 RAYSBROOK DRIVE
RIVERVIEW FL 33569

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

59-3580470

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

WHITE, DONELLE A
12809 RAYSBROOK DRIVE
RIVERVIEW FL 33569

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
NAME MCCLURE, REBECCA
STREET ADDRESS 425 - 20TH AVE NE
CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ Delete

TITLE D
NAME WILLIAMS, ELLOUISE
STREET ADDRESS 3139 BENT CREEK DRIVE
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE D
NAME WHITE, DONELLE A
STREET ADDRESS 12809 RAYSBROOK DR
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE D
NAME WHITE, THOMAS
STREET ADDRESS 12809 RAYSBROOK DR
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Donelle A White* Donelle White, pres 4/30/01 813/672-4777

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90085 003 ****61.25



DO NOT WRITE IN THIS SPACE

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