

2000 UNIFORM BUSINESS REPORT (UBR)

4/24/2

FILED

Jul 05, 2000 8:00 am
Secretary of State

04-27-2000 90034 036 ****61.25

DOCUMENT # N99000006935

1. Entity Name

JOHN R. WHITMAN MEMORIAL FUND, INC.

R

Principal Place of Business

Mailing Address

6180 KARI DR.
MELBOURNE FL 32940

6180 KARI DR.
MELBOURNE FL 32940

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

59-3612434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITMAN, JOHN C
6180 KARI DR.
MELBOURNE FL 32940

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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN WHITMAN 6180 KARI DR. MELBOURNE, FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT JIM WHITMAN 4569 OCTOBER WILLIAMSON, MICHIGAN 48895	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT FINNIGAN 495 AVENUE HODGINS DR. MERRITT ISLAND, FL 32953	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BOBBY RICHEN 6127 MICHIGAN DR. MELBOURNE, FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

321-242-7714

Date

Daytime Phone #

CR2E037 (9/99)