

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90155 049 ***150.00

DOCUMENT # P00000034139

1. Entity Name
THE WHITE SWAN CAFE, INC.

Principal Place of Business
5000 NORTH U.S. HIGHWAY 27
OCALA FL 34482

Mailing Address
5000 NORTH U.S. HIGHWAY 27
OCALA FL 34482



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-2243086**

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

TAIT, ARTHUR F JR.
5000 NORTH U.S. HIGHWAY 27
OCALA FL 34482

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE DCAS	<input type="checkbox"/> Delete
NAME PEARSALL, RICHARD L	
STREET ADDRESS 5000 NORTH U.S. HIGHWAY 27	
CITY-ST-ZIP OCALA FL 34482	
TITLE DVPS	<input type="checkbox"/> Delete
NAME ECKMAN, KENNETH A	
STREET ADDRESS 5000 NORTH U.S. HIGHWAY 27	
CITY-ST-ZIP OCALA FL 34482	
TITLE PD T	<input type="checkbox"/> Delete
NAME TAIT, JR, ARTHUR F	
STREET ADDRESS 5000 N. US HIGHWAY 27	
CITY-ST-ZIP OCALA FL 34482	
TITLE DCST	<input checked="" type="checkbox"/> Delete
NAME PEARSALL, RICHARD L	
STREET ADDRESS 5000 N. US HIGHWAY 27	
CITY-ST-ZIP OCALA FL 34482	
TITLE D	<input type="checkbox"/> Delete
NAME ECKMAN, PETTER H	
STREET ADDRESS 5000 N. US HIGHWAY 27	
CITY-ST-ZIP OCALA FL 34482	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CHAIRMAN, DIRECTOR, ASSISTANT SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE DIR. VICE PRES. SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE PRES. DIR. TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-1-02** Daytime Phone # **352-732-9898**

CR2E034 (9/01)