

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90273 006 ***150.00

DOCUMENT # P00000072773

1. Entity Name

WHITE OAK CAPITAL, INC.

Principal Place of Business

**1301 RIVERPLACE BLVD.
 SUITE 1500
 JACKSONVILLE FL 32207**

Mailing Address

**1301 RIVERPLACE BLVD.
 SUITE 1500
 JACKSONVILLE FL 32207**



DO NOT WRITE IN THIS SPACE

~~2472 Dennis Street~~

2472 Dennis Street
 Suite, Apt. #, etc.

~~2472 Dennis Street~~

2472 Dennis Street
 Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip **32204**

Country

USA

City & State

Jacksonville, FL

Zip **32204**

Country

USA

4. FEI Number

59-3662587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DIEBENOW, STEVEN
 1301 RIVERPLACE BLVD.
 SUITE 1500
 JACKSONVILLE FL 32207**

~~6. Name and Address of New Registered Agent~~

Name **John Falconetti**

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

2472 Dennis Street

City

Jacksonville

FL

Zip Code

32204

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

John Falconetti - John Falconetti - President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☒ Delete
 NAME **GULLFORD, WILLIAM I III**
 STREET ADDRESS **121 WEST FORSYTH STREET SUITE 200**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☒ Delete
 NAME **DIEBENOW, STEVEN**
 STREET ADDRESS **121 WEST FORSYTH STREET SUITE 200**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **P/D** ☐ Change ☒ Addition
 NAME **John Falconetti**
 STREET ADDRESS **2472 Dennis Street**
 CITY-ST-ZIP **Jacksonville Florida 32204**

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

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

TITLE ☐ Change ☐ 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

4/16/02

Date

(904) 354-2818

Daytime Phone #

CR2E034 (9/01)