

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011884

1. Entity Name

RAGLAND-WHITTIER CORPORATION

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90100 048 ***150.00

00042653



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9260 BAY PLAZA BLVD.

#501

TAMPA FL 33619

US

Mailing Address

9260 BAY PLAZA BLVD.

#501

TAMPA FL 33619

US

2. Principal Place of Business

9331 W. Adamo Dr.

3. Mailing Address

9331 W. Adamo Dr.

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3154924

Applied For

Not Applicable

* Zip

33619

Country

Hillsborough

Zip

33619

Country

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS JR, JAMES W
4601 CLARKSDALE LANE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

Lewis JR, James W.

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

9331 W. Adamo Dr. #200

City

Tampa

FL

Zip Code

33619

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

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, 2001 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	<input type="checkbox"/> Delete
NAME	LEWIS, JAMES W	
STREET ADDRESS	4601 CLARKSDALE LANE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, BETH C	
STREET ADDRESS	4601 CLARKSDALE LANE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis James W.	
STREET ADDRESS	9331 W. Adamo Dr. #200	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Beth C.	
STREET ADDRESS	9331 W. Adamo Dr. #200	
CITY-ST-ZIP	Tampa, FL 33619	
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		
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:

Beth C. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

813-621-8199

Daytime Phone #

CR2E034 (10/00)