

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90174 042 \*\*\*150.00

**DOCUMENT # P93000044505**

**1. Entity Name**  
**THE WILCHRIST COMPANY**

**Principal Place of Business**

**P.O. BOX 12**  
**ORTEGA STATION**  
**JACKSONVILLE FL 32210**  
**US**

**Mailing Address**

**P.O. BOX 12**  
**ORTEGA STATION**  
**JACKSONVILLE FL 32210**  
**US**

**2. Principal Place of Business**

**3946 Mc Girts Blvd.**

**3. Mailing Address**

**P.O. Box 12**  
**Ortega Station**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

**4. FEI Number 59-3189931**

Applied For

Not Applicable

Zip

**32210**

Country

**USA**

Zip

**32210-0012**

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**

**PARHAM, WILLIAM H JR**  
**121 WEST FORSYTH ST**  
**STE.200**  
**JACKSONVILLE FL 32202**

Name

**William H. Parham Jr.**

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

**3946 Mc Girts Blvd.**

City

**Jacksonville**

FL

Zip Code

**32210**

**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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** PARHAM, WILLIAM H JR.  
**STREET ADDRESS** P.O. BOX 12 ORTEGA STATION  
**CITY-ST-ZIP** JACKSONVILLE FL 32202

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

**TITLE** VPSD ☐ Delete  
**NAME** ROOT, RONALD C  
**STREET ADDRESS** 2244 ST JOHNS AVE.  
**CITY-ST-ZIP** JACKSONVILLE FL 32204

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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**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

Date

Daytime Phone #

CR2E034 (9/01)