

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084147

1. Entity Name

WHITE DIRECTORY OF FLORIDA, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90083 034 ***150.00

Principal Place of Business

4400 BAYOU BLVD
UNIT 58A
PENSACOLA FL 32503
US

Mailing Address

1945 SHERIDAN DRIVE
BUFFALO NY 14223-1203

2. Principal Place of Business

4400 BAYOU BOULEVARD

3. Mailing Address

Suite, Apt. #, etc.

Unit 58A

City & State

PENSACOLA, Florida

City & State

Zip

32503

Country

Escambia

Country

4. FEI Number

59-3279446

Applied For

Not Applicable

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

HRAWG CORP
2000 GLADES RD SUITE 400
BOCA RATON FL 33431

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)

3/31/00

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, 2000 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 VPD
NAME LEWIS, RICHARD D
STREET ADDRESS 1945 SHERIDAN DRIVE
CITY-ST-ZIP BUFFALO NY ☐ Delete

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

TITLE STD
NAME LEWIS-CORWIN, JANE
STREET ADDRESS 1945 SHERIDAN DRIVE
CITY-ST-ZIP BUFFALO NY ☐ Delete

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

TITLE PD
NAME LEWIS, WILBUR D
STREET ADDRESS 1945 SHERIDAN DRIVE
CITY-ST-ZIP BUFFALO NY ☐ Delete

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

TITLE D
NAME DAVIS, NANCY J
STREET ADDRESS 1945 SHERIDAN DRIVE
CITY-ST-ZIP BUFFALO NY ☐ Delete

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

TITLE D
NAME RUNG, NANETTE J
STREET ADDRESS 1945 SHERIDAN DRIVE
CITY-ST-ZIP BUFFALO NY ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Jane Corwin-Lewis 3/31/00

Date

875-9100

Daytime Phone #

CIF 10/14 (9/99)