

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022508

1. Entity Name

WHITTINGTON & ASSOCIATES, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90030 021 \*\*\*150.00

Principal Place of Business

Mailing Address

618 S.E. 12TH COURT  
SUITE 1  
CAPE CORAL FL 33990

618 S.E. 12TH COURT  
SUITE 1  
CAPE CORAL FL 33903-3836

2. Principal Place of Business

1305 River Rd

3. Mailing Address

1305 River Rd

Suite, Apt. #, etc.

A42

Suite, Apt. #, etc.

A42

City & State

FT Myers FL

City & State

FT Myers FL

Zip

33903

Country

Lee

Zip

33903

Country

Lee

4. FEI Number

65-0566614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITTINGTON, SAMUEL L  
618 SE 12TH CT., SUITE 1  
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name

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

1305 River Rd A42

City

FT Myers

FL

Zip Code

33903

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, 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

TITLE ☐ Delete  
NAME PVP  
STREET ADDRESS WHITTINGTON, SAMUEL L  
CITY-ST-ZIP 618 S.E. 12TH COURT, SUITE 1  
CAPE CORAL FL 33990

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS WHITTINGTON, HOLLY F  
CITY-ST-ZIP 618 S.E. 12TH COURT, SUITE 1  
CAPE CORAL FL 33990

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 ☐ 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

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

Holly Whittington

3/29/00

Date

941-652-0166

Daytime Phone #

CR2E034 (9/99)