

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071303

1. Entity Name

THE WHITNEY-HARRIS ORGANIZATION, INC.

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

04-04-2000 90024 033 \*\*\*150.00

Principal Place of Business Mailing Address  
1704 ARABIAN LANE 12 CLEARWATER MALL  
PALM HARBOR FL 34685 #321  
US CLEARWATER FL 33764  
US

2. Principal Place of Business 3. Mailing Address  
9636 SW 190TH TERRACE ROAD Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State City & State  
DUNNELLON, FLORIDA

Zip Country Zip Country  
34432 US

6. Name and Address of Current Registered Agent  
LARSON, ROGER A  
911 CHESTNUT STREET  
CLEARWATER FL 34616

4. FEI Number 59-3337599 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 P  
NAME WORKMAN, STACY  
STREET ADDRESS 20505 US HWY 19 N 12-321  
CITY-ST-ZIP CLEARWATER FL  
TITLE V  
NAME WORKMAN, JOHN V.  
STREET ADDRESS 20505 US HWY 19 N 12-321  
CITY-ST-ZIP CLEARWATER FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
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: Stacy E. Workman STACY E. WORKMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2000 (352) 465-1004  
Date Daytime Phone #

CR2E034 (9/99)