

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000071303**1. Entity Name
THE WHITNEY-HARRIS ORGANIZATION, INC.

Principal Place of Business

9636 SW 190TH TERRACE ROAD

DUNNELLON

34432

FL

US

Mailing Address

12 CLEARWATER MALL

#321

CLEARWATER

33764

FL

US

2. Principal Place of Business

9646 SW 192ND COURT ROAD

3. Mailing Address

3101 SW 34TH AVE

#905-468

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNNELLON

FL

City & State

OCALA

FL

Zip

34432

Country

US

Zip

34474

Country

US

4. FEI Number

59-3337599

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LARSON ROGER A
911 CHESTNUT STREET

CLEARWATER

34616

FL

US

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/23/2001

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	V	<input type="checkbox"/> Delete
NAME	WORKMAN JOHN V.	
STREET ADDRESS	20505 US HWY 19 N 12-321	
CITY-ST-ZIP	CLEARWATER FL 34474	
TITLE	P	<input type="checkbox"/> Delete
NAME	WORKMAN STACY	
STREET ADDRESS	20505 US HWY 19 N 12-321	
CITY-ST-ZIP	CLEARWATER FL 34474	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, JR. JOHN V	
STREET ADDRESS	3101 SW 34TH AVE #905-468	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN STACY E	
STREET ADDRESS	3101 SW 34TH AVE #905-468	
CITY-ST-ZIP	OCALA FL 34474	
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		
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: STACY E. WORKMAN

P

01/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)