

# 2001 UNIFORM BUSINESS REPORT (UBR)

0281550

DOCUMENT # P95000092864

1. Entity Name

WHITE OAK REAL ESTATE DEVELOPMENT CORP.

FILED

01 APR 19 PM 12:33

Principal Place of Business

Mailing Address

322 BANYAN BLVD.  
WEST PALM BEACH FL 33401  
US

~~322 BANYAN BLVD.~~  
~~WEST PALM BEACH FL 33401~~  
US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0623282

Applied For

Not Applicable

Zip

Country

Zip

Country

32802

USA

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

RYAN, PAULA J  
322 BANYAN BLVD.  
WEST PALM BEACH FL 33401

Name  
**B+C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**390 N. ORANGE AVENUE**  
**SUITE 1100**  
City  
**ORLANDO** FL Zip Code  
**32801**

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

**B+C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.**  
**LAURIE BERGSTRESSER, VP**

**3/27/01**  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RYAN, PAULA</b> <b>269 QUEENS LANE</b> <b>PALM BEACH FL 33480</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PINGITORE, ROY</b> <b>322 BANYAN BLVD.</b> <b>WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**ROY A. PINGITORE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/01**  
Date

**561-838-8886**  
Daytime Phone #

CR2E034 (10/00)