

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100331

1. Entity Name

WHITEWOOD ASSOCIATES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90030 041 ***150.00

Principal Place of Business

14920 SW PALCE
DAVIE FL 33331
US

Mailing Address

11522 STATE RD 84
218
DAVIE FL 33325-4022
US

2. Principal Place of Business

1145 SW 112 Way
Suite, Apt. #, etc.

3. Mailing Address

1145 SW 112 Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL
Zip 33325 Country USA

City & State

DAVIE, FL
Zip 33325 Country USA

4. FEI Number

65-0746468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, JUDITH D
14920 SW 70 PLACE
DAVIE FL 33331

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)

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 PD
NAME ROSS, JUDITH D
STREET ADDRESS 14920 SW 70 PALCE
CITY-ST-ZIP DAVIE FL

TITLE VD
NAME PARKER, JUDITH
STREET ADDRESS 14431 SW 69 STREET
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE TD
NAME HEAD, DIANNE K
STREET ADDRESS 1145 SW 112 WAY
CITY-ST-ZIP FT. LAUDERDALE FL 33325

TITLE SD
NAME CAVICCHIA, HEIDI K
STREET ADDRESS 7173 ORANGE DRIVE
CITY-ST-ZIP DAVIE FL 33314

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

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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: Dianne K Head Dianne K Head

4/10/00

Date

954-452-7688

Daytime Phone #

CR2E034 (9/99)