

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90089 002 ***158.75

DOCUMENT # P97000040120

1. Entity Name
J & B WHITEWHALE CHARTERS, INC.

Principal Place of Business

Mailing Address

~~301 MONUMENT AVENUE~~
 PORT ST JOE FL 32456
 US

~~301 MONUMENT AVENUE~~
 PORT ST JOE FL 32456
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PORT SAINT JOE MARINA

3. Mailing Address

PORT SAINT JOE MARINA

Suite, Apt. #, etc.

340 WEST FIRST STREET

Suite, Apt. #, etc.

340 WEST FIRST STREET

City & State

City & State

4. FEI Number

59-3442122

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~BUSH, JANNA N~~
~~301 MONUMENT AVENUE~~
~~PORT ST. JOE FL 32456~~

Name

THOMAS S. GIBSON

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

206 EAST FOURTH STREET

City

PORT SAINT JOE,

FL

Zip Code

32456

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

THOMAS S. GIBSON

APRIL 28, 2002

(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, 2002 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
PD
KORAN, WILLIAM D
301 MONUMENT AVE
PORT ST JOE FL 32456 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPS
GARY L. HITES
710 GULFAIRE DRIVE
PORT SAINT JOE, FLORIDA 32456 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VST
BUSH, JANNA N
301 MONUMENT AVE
PORT ST JOE FL 32456 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

GARY L. HITES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2002

Date

850-227-1099

Daytime Phone #

CR2E034 (9/01)