

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084139

1. Entity Name
WHITNEY, INC.

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90016 009 ***558.75

Principal Place of Business

Mailing Address

00067223

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

206 SE Park Street

Suite, Apt. #, etc.

3. Mailing Address

206 SE Park Street

Suite, Apt. #, etc.

City & State

Dania, Florida

City & State

Dania, Florida

4. FEI Number

65-0812374

Applied For

Not Applicable

Zip

33004

Country

Broward

Zip

33004

Country

Broward

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

JOHN A. GRENIER
206 SE Park Street
Dania, FL 33004

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)

06/20/00

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 \$650.00

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/D
NAME JOHN A. GRENIER
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

206 SE Park Street
Dania, FL 33004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/20/00

Date

(954) 9217233

Daytime Phone #