

2001 UNIFORM BUSINESS REPORT (UBR)

2013

DOCUMENT # P98000058211

1. Entity Name
WHITE OAK ASSOCIATES II, INC.

FILED

01 APR 19 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
322 BANYAN RD ~~322 BANYAN RD~~
WEST PALM BEACH FL 33401 ~~WEST PALM BEACH FL 33401~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. P.O. BOX 4961
City & State Suite, Apt. #, etc.
City & State **ORLANDO, FL**
Zip Country Zip Country
32802 **USA**

4. FEI Number **65-0882799** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RYAN, PAULA J
322 BANYAN RD
W. PALM BCH FL 33401

7. Name and Address of New Registered Agent
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.
B+C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.
SIGNATURE *[Signature]* DATE **3/27/01**
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating

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	D	<input type="checkbox"/> Delete
NAME	RYAN, PAULA J	
STREET ADDRESS	322 BANYAN RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PINGITORE, ROY	
STREET ADDRESS	322 BANYAN RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
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		<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: *[Signature]* **ROY A. PINGITORE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/8/01** 561 838 8886
Daytime Phone #

CR2E034 (10/00)