

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000062569**

1. Entity Name

WHITEHALL GROUP INC.**FILED****Apr 26, 2000 8:00 am**
Secretary of State

04-26-2000 90142 006 ***150.00

Principal Place of Business

**290 COCONUT AVE.
SARASOTA FL 34236
US**

Mailing Address

**290 COCONUT AVE.
SARASOTA FL 34236-4979
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

68-0851106

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

**LICHTER, DON
290 COCONUT AVE.
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

Ronald Mustari

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

290 Cocoanut Avenue

City

Sarasota**FL**

Zip Code

34236

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MALAMUD, NEIL N**
STREET ADDRESS **1717 2ND STREET, STE. A**
CITY-ST-ZIP **SARASOTA FL 34236**TITLE **D** ☒ Delete
NAME **LICHTER, DON**
STREET ADDRESS **290 COCONUT AVE.**
CITY-ST-ZIP **SARASOTA FL 34236**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Ronald Mustari**
CITY-ST-ZIP **290 Cocoanut Avenue**
Sarasota, Florida 34236TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Ronald Mustari

Date

4/19/00**941-954-1181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)