

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004139

1. Entity Name

WHITEHOUSE PROPERTIES, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90043 036 ***550.00

Principal Place of Business

21142 S.W. COUNTY RD. 237
 BROOKER FL 32622

Mailing Address

21142 S.W. COUNTY RD. 237
 BROOKER FL 32622

2. Principal Place of Business

239 #4 Jones Road

3. Mailing Address

239 #4 Jones Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Jacksonville, FL

City & State
 Jacksonville, FL

4. FEI Number

59-3556680

Applied For

Not Applicable

Zip
 32220

Country
 U.S.A.

Zip
 32220

Country
 U.S.A.

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

AKEL, DANIEL D
 ONE INDEPENDENT DR., S-2301
 JACKSONVILLE FL 32202

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
 D
 COXWELL, JOHN D
 21142 S.W. COUNTY RD. 237
 BROOKER FL 32622 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 KITTRELL, J B
 21142 S.W. COUNTY RD. 237
 BROOKER FL 32622 ☐ Delete

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

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TITLE
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 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:

J. Daniel Coxwell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-00 904-781-1079
 Date Daytime Phone #

CR2E034 (5/00)