

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

TERRY P WHYTE, INC

Principal Place of Business

Mailing Address

5277 KEEL WAY
FT PIERCE, FL 34949

3590 Roundbottom Rd. PMB F107460
Cincinnati, OH 45244-3026

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

00 JUL 27 AM 10:12

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0937852

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

WHYTE, TERRY P
5277 KEEL WAY
FT PIERCE, FL 34949

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 State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ~~PRESIDENT~~ ☐ Delete
NAME ~~TERRY P WHYTE~~
STREET ADDRESS ~~5277 KEEL WAY~~
CITY-ST-ZIP ~~FT PIERCE, FL 34949~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Change ☒ Addition
NAME TERRY P WHYTE
STREET ADDRESS 5277 KEEL WAY
CITY-ST-ZIP FT PIERCE FL 34949

TITLE SECRETARY TREASURER ☐ Change ☒ Addition
NAME JOAN G WHYTE
STREET ADDRESS 5277 KEEL WAY
CITY-ST-ZIP FT PIERCE, FL 34949

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 300003351433--9

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 300003351433--9
-08/09/00--01033-013
****150.00 ****150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 300003351433--9
-08/09/00--01033-013
****400.00 ****400.00

TITLE ☐ 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:

Terry P Whyte, Pres 6/24/00

Date

561-559-1059

Daytime Phone #

CR2E034 (9/99)