

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S07689

1. Entity Name

WHITMAN CONSTRUCTION DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 492722  
LEESBURG FL 34749-2722

P.O. BOX 492722  
LEESBURG FL 34749-2722

2. Principal Place of Business

3700 34th Street

3. Mailing Address

3700 34th Street

Suite, Apt. #, etc.  
Suite 201

Suite, Apt. #, etc.  
Suite 201

City & State  
Orlando, FL

City & State  
Orlando, FL

Zip  
32805

Country  
Orange

Zip  
Orange

Country  
32805

4. FEI Number 59-3036883

Applied For  
Not Applicable

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

MARK R WHITMAN  
3700 34TH ST #201  
ORLANDO FL 32805

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: *Mark R. Whitman* Mark R. Whitman, VP

4-30-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME WHITMAN, ELISE M.  
STREET ADDRESS 3700 34TH ST SUITE 201  
CITY-ST-ZIP ORLANDO FL

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

TITLE DVST ☐ Delete  
NAME WHITMAN, MARK R.  
STREET ADDRESS 3700 34TH ST, SUITE 201  
CITY-ST-ZIP ORLANDO FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Mark R. Whitman* -VP

Mark Whitman, VP

4-30-01

407-843-2666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90180 030 \*\*\*150.00

B0056970



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)