## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # \$54892** Apr 13, 2000 8:00 am Secretary of State 1. Entity Name WHITE GLOVE SERVICE OF CITRUS COUNTY, INC. 04-13-2000 90091 029 \*\*\*150.00 Principal Place of Business Mailing Address 65 SOUTH LINCOLN AVENUE 65 S. LINCOLN AVENUE **BEVERLY HILLS FL 34464** BEVERLY HILLS FL 34465-3644 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3067722 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WARD, ALICE J. Street Address (P.O. Box Number is Not Acceptable) 65 S LINCOLN AVENUE **BEVERLY HILLS FL 34464** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. **PST** ☐ Delete ☐ Addition TITLE TITLE WARD, ALICE J. NAME NAME 65 S LINCOLN AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE WARD, ALICE J. NAME NAME STREET ADDRESS 65 SOUTH LINCOLN AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BEVERLY HILLS FL ☐ Delete TITLE ☐ Change Addition TITLE NAME WARD, JONATHAN D. NAME STREET ADDRESS 65 S LINCOLN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS FL ☐ Change ☐ Delete ☐ Addition TITLE NAME WARD, JOSEPH L. STREET ADDRESS STREET ADDRESS 8 S. TYLER STREET CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS FL** ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR