

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90129 038 \*\*\*\*70.00

**DOCUMENT # 704563**

1. Entity Name

**POLK COUNTY ASSOCIATION FOR HANDICAPPED CITIZENS**

Principal Place of Business

Mailing Address

1038 SUNSHINE DRIVE E.  
 LAKELAND FL 33801

1038 SUNSHINE DRIVE E.  
 LAKELAND FL 33801-6338



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0812958**

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

7. Name and Address of New Registered Agent

**BALOGH, SHIRLEY A**  
**1498 LONG OAK DRIVE S.**  
**LAKELAND FL 33811**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Delete  
**PD**  
**BALOGH, SHIRLEY A.**  
 STREET ADDRESS  
**1498 LONG OAK DRIVE S.**  
 CITY-ST-ZIP  
**LAKELAND FL 33811**

TITLE NAME  Change  Addition  
**CD**  
**ANTHONY J. SENZAMICI, JR**  
 STREET ADDRESS  
**P.O. BOX 5168**  
 CITY-ST-ZIP  
**LAKELAND, FL 33807-5168**

TITLE NAME  Delete  
**CD**  
**EARNEST, BEN F**  
 STREET ADDRESS  
**923 WOODMONT LN**  
 CITY-ST-ZIP  
**LAKELAND FL 33803**

TITLE NAME  Change  Addition  
**VC/D**  
**JAMES M. DUVALL**  
 STREET ADDRESS  
**5516 CLUB HILL W.**  
 CITY-ST-ZIP  
**LAKELAND, FL 33813**

TITLE NAME  Delete  
**TD**  
**TITUS, R**  
 STREET ADDRESS  
**200 LAKE MORTON DR, 202**  
 CITY-ST-ZIP  
**LAKELAND FL 33801**

TITLE NAME  Change  Addition  
**SD**  
**RICHARD WESTMORELAND**  
 STREET ADDRESS  
**6729 WOODSIDE COURT**  
 CITY-ST-ZIP  
**LAKELAND, FL 33813**

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley A. Balogh* **SHIRLEY A. BALOGH** 01-06-00 863-665-3846  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)