## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#711054** 

Entity Name: JUNIOR SERVICE LEAGUE OF BARTOW, INC.

FILED Apr 11, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 1523

BARTOW, FL 33831 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1523

BARTOW, FL 33831 US

FEI Number: 59-6200941 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUDDLESTON, AARON L
475 PLUMOSA STREET
BARTOW, FL 33830 US
ROTH, CLARICE P
2501 E. LAKE BUFFUM RD.
FT. MEADE, FL 33841 US

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: CLARICE P. ROTH 04/11/2002

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: HAZELL, OLIVIA Name: ROTH, CLARICE P

Address: 1175 E HERMOSA AVE Address: 2501 E. LAKE BUFFUM ROAD

City-St-Zip: BARTOW, FL 33830 City-St-Zip: FT. MEADE, FL 33841

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

 Name:
 HUDDLESTON, AARON
 Name:
 READY, ALISON

 Address:
 475 PLUMOSA
 Address:
 1619 TANGERINE STREET

Address: 475 PLUMOSA Address: 1619 TANGERINE STREET
City-St-Zip: BARTOW, FL 33830 City-St-Zip: LAKELAND, FL 33803

Title: ( ) Delete Title: TD ( ) Change (X) Addition

 Name:
 Name:
 HUDDLESTON, AARON L

 Address:
 Address:
 475 PLUMOSA STREET

 City-St-Zip:
 City-St-Zip:
 BARTOW, FL 33830

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARICE P. ROTH PD 04/11/2002