

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712367

1. Entity Name

THE BUILDING ASSOCIATION OF WINTER HAVEN, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90040 013 ****61.25

Principal Place of Business
3308 AVE W. NW
P.O. BOX 2088
WINTER HAVEN FL 33883

Mailing Address
3308 AVE W. NW
P.O. BOX 2088
WINTER HAVEN FL 33883-2088

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

59-2347604

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

Name

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

City

FL

Zip Code

SMURR, MARK
102 S COURT
AUBURNDALE FL 33823

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	TD	<input type="checkbox"/> Delete
NAME	LANGBEIN JR, CHARLES E	
STREET ADDRESS	120 PARKSIDE DR S E	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIAZ, RALPH	
STREET ADDRESS	36 LAKE LINK CIR.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GLUBKA, HENRY	
STREET ADDRESS	50 GREENVIEW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TESH, KURT J	
STREET ADDRESS	2700 WOODLAWN DR., N.W.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

C. E. Langbein Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)