

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90307 009 \*\*\*\*61.25

**DOCUMENT # 717115**

1. Entity Name

**COMMUNITY SERVICE CENTER OF NORTHEAST POLK COUNT**

Principal Place of Business

Mailing Address

226 S. 6TH & WOOD AVE.  
 HAINES CITY FL 33844  
 US

~~P.O. BOX 998~~  
 P.O. BOX 998  
 HAINES CITY FL 33845-0998  
 US

**725060**



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

**59-1366144**

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

**FLOWERS, OWEN**  
**706 CHURCH AVENUE**  
**HAINES CITY FL 33844**

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

*Owen Flowers*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-20-01**

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:  Delete  
 NAME: **ARMSTRONG, LINDA**  
 STREET ADDRESS: **40 GREENWOOD LN**  
 CITY-ST-ZIP: **HAINES CITY FL**

TITLE:  Change  Addition  
 NAME: **Rev. Hugh McClashon**  
 STREET ADDRESS: **PO Box 3033**  
 CITY-ST-ZIP: **Haines City FL 33844**

TITLE:  Delete  
 NAME: **MYERS, MABELLE F**  
 STREET ADDRESS: **815 PRADO GRANDE**  
 CITY-ST-ZIP: **HAINES CITY FL**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: **SWAIN, IRMA**  
 STREET ADDRESS: **PO BOX 65**  
 CITY-ST-ZIP: **HAINES CITY FL**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: **JUKES, JANE C.**  
 STREET ADDRESS: **915 HILL DRIVE**  
 CITY-ST-ZIP: **HAINES CITY FL**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: **FLOWERS, OWEN**  
 STREET ADDRESS: **706 CHURCH AVENUE**  
 CITY-ST-ZIP: **HAINES CITY 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: \_\_\_\_\_

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:

*JANE C. JUKES*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/2001**

Date

**863-422-3660**

Daytime Phone #

CR2E037 (10/00)