

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717339

1. Entity Name

EAST POLK COUNTY ASSOCIATION OF REALTORS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90173 021 ****61.25

Principal Place of Business

Mailing Address

700 AVENUE B S W
WINTER HAVEN FL 33880

700 AVENUE B S W
WINTER HAVEN FL 33880-2832

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0912649

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

TALLENT-BLACKBURN, PAMELA
700 AVENUE B, SW
WINTER HAVEN FL 33880

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	P	<input checked="" type="checkbox"/> Delete
NAME	SEAY, JULIE S	
STREET ADDRESS	247 E STUART AVE	
CITY-ST-ZIP	LAKE WALE FL 33853	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HUIE, STEPHEN C	
STREET ADDRESS	277-MAGNOLIA AVE SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEDDON, BARBARA C	
STREET ADDRESS	209 CYPRESS GARDENS BLVD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WATSON, SHARON M	
STREET ADDRESS	1560 SIXTH ST, SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUSIC, SANDRA M	
STREET ADDRESS	2355 ST RD 60 E.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRICKNER, JAMES H	
STREET ADDRESS	243 THIRD ST, SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKI HART	
STREET ADDRESS	215 SECOND ST SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH A. WELCH	
STREET ADDRESS	290 CYPRESS GARDENS BLVD.	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARAH E. ARMSTRONG	
STREET ADDRESS	1142 FIRST ST S	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON M. WATSON	
STREET ADDRESS	1560 SIXTH ST SE	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN C. WEBB	
STREET ADDRESS	240 HWY 27 S	
CITY-ST-ZIP	DAVENPORT, FL 33837	
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: SHARON M. WATSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 2000

(863) 294-3163

Date

Daytime Phone #

CR2E037 (9/99)