# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 20, 2002 8:00 am**
**Secretary of State**
02-20-2002 90088 013 ****61.25

DOCUMENT # 732846

1. Entity Name

LEARNING RESOURCE CENTER OF POLK COUNTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 904 S. MISSOURI AVENUE<br>LAKELAND FL 33803 | 904 S. MISSOURI AVENUE<br>LAKELAND FL 33803 |

DO NOT WRITE IN THIS SPACE

| 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 51-0182646 ☐ 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 |
|---|---|
| MILLER, BETH<br>904 S. MISSOURI AVENUE<br>LAKELAND FL 33803 | Name: Pamela P. Craven<br>Street Address (P.O. Box Number is Not Acceptable): 904 S. Missouri Avenue<br>City: Lakeland, FL 33803<br>FL Zip Code 33803 |

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: Pamela P. Craven 1-31-02

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 / STREET ADDRESS / CITY-ST-ZIP | PD<br>BARCLAY, JOYCE<br>2012 LAKE BENTLEY COURT<br>LAKELAND FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>AUTRY, HUGH<br>1324 LAKELAND HILLS BLVD<br>LAKELAND FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CRAVEN, PAMELA<br>13 LOMA ALTA<br>LAKELAND FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Brescia Kendrick<br>1120 Hallamwood Trail<br>Lakeland, FL 33813<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>PHILIPSON, LYLE<br>4130 S. FLORIDA AVE<br>LAKELAND FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HART, TIM<br>4650 HIGHLANDS PLACE DRIVE<br>LAKELAND FL 33813 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Joyce Barclay REQUIRED Joyce Barclay 1-31-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #