

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90235 027 \*\*\*\*61.25

**DOCUMENT # 737069**

1. Entity Name  
**POLK COUNTY TRIAL LAWYERS ASSOCIATION, INC.**



Principal Place of Business

**59 LAKE MORTON DRIVE  
P.O. BOX 2836  
LAKELAND FL 33801**

Mailing Address

**59 LAKE MORTON DRIVE  
P.O. BOX 2836  
LAKELAND FL 33806**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2617614**

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

**CURTIS, CLINTON A  
141 5TH, NW  
WINTER HAVEN FL 33883**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MARS, RICHARD P.O. BOX 1276 BARTOW FL 33831-1276</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CROSBY, SAMUEL ESQUIRE P.O. BOX 8169 LAKELAND FL 33802-8169</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ARANDA, ROBERT ESQUIRE P.O. BOX 2188 BARTOW FL 33831-2188</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WILLIAMS, LOUIS J 59 LAKE MORTON DR LAKELAND FL 33806</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUNN, R. SCOTT P.O. BOX 9498 WINTER HAVEN FL 33883-9498</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRANKLIN, J. RUSSELL 215 IMPERIAL BLVD. LAKELAND FL 33803</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CROSBY, SAMUEL G. POST OFFICE BOX 8169 LAKELAND, FL 33802-8169</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FRANKLIN, J. RUSSELL 310 E. Main St. Bartow, FL 33830</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MEEKS, KAREN I. 2000 S. Florida Ave. Lakeland, FL 33801</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WILLIAMS, LOUIS J. 59 Lake Morton Drive Lakeland, FL 33801</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUNN, R. SCOTT Post Office Box 9498 Winter Haven, FL 33883-0498</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COWDEN, ANGELA J. Post Office Box 9000, Drawer SA Bartow, FL 33831-9000</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Louis J. Williams*

Louis J. Williams 3/18/03 (863) 682-8492

CR2E037 (10/02)