

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90028 008 ****61.25

003148

DOCUMENT # 755760

1. Entity Name

THE JUNIOR LEAGUE OF GREATER WINTER HAVEN, FLORIDA, INC.

Principal Place of Business

Mailing Address

P O BOX 7161
 WINTER HAVEN FL 33883

P O BOX 7161
 WINTER HAVEN FL 33883

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

59-2068148

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

BOGDHAN, HEATHER
1332 EVALYN DRIVE SE
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 ☐ Delete
 NAME **PD SHEEHAN, DONNA**
 STREET ADDRESS **4202 THOMAS WOODS LANE**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Change ☒ Addition
 NAME **TD Lacerte Jennifer**
 STREET ADDRESS **63 Enclave Drive**
 CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE ☒ Delete
 NAME **TD BOGDHAN, HEATHER**
 STREET ADDRESS **1332 EVALYN DRIVE SE**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Change ☒ Addition
 NAME **VO Garber Sharon**
 STREET ADDRESS **St. Lucie Rd.**
 CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE ☒ Delete
 NAME **PD BRUCE, CINDY**
 STREET ADDRESS **4417 MAHOGANY RUN**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Change ☒ Addition
 NAME **SD Case Sarah**
 STREET ADDRESS **3023 Sheffield Rd**
 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE ☒ Delete
 NAME **SD THRELKEL, PEGGY**
 STREET ADDRESS **1315 N LAKE ELBERT DRIVE**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD WOOD, ANNE**
 STREET ADDRESS **1826 WOODPOINTE DRIVE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **PD ARRINGTON, VICKI**
 STREET ADDRESS **280 SANTA ROSA DRIVE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

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:

SIGNATURE REQUIRED
 Anne Wood, Treasurer 2/12/02 863-324-9663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)