

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90130 032 ****61.25

DOCUMENT # N00483

1. Entity Name
SOUTH FLORIDA WOODMEN OF THE WORLD SUNSHINE YOUT

Principal Place of Business 3730 CLEVELAND HGTS BLVD #5 LAKELAND FL 33813 US	Mailing Address 3730 CLEVELAND HGTS BLVD #5 LAKELAND FL 33813-1212 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2215000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SMITH, R. C JR.
3730 CLEVELAND HGTS BLVD
#5
LAKELAND FL 33813

7. Name and Address of New Registered Agent
 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 **R. Charles Smith, Jr., President** 2/10/00
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		<input type="checkbox"/> Delete
TITLE	PD	<input type="checkbox"/>
NAME	SMITH, R. C JR.	
STREET ADDRESS	3730 CLEVELAND HGTS BLVD #5	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/>
NAME	TICE, JAMES L	
STREET ADDRESS	8 W. THRUSH STREET	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DST	<input type="checkbox"/>
NAME	MALONE, JEANNE C	
STREET ADDRESS	4976 SHORE LINE DRIVE	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	D	<input type="checkbox"/>
NAME	COLLINS, FRANK D	
STREET ADDRESS	1820 BEDIVERE ST.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/>
NAME	HOLT, LARRY	
STREET ADDRESS	3115 VALLEY HIGH DRIVE	
CITY-ST-ZIP	LAKELAND FL 32961	
TITLE	D	<input type="checkbox"/>
NAME	MCPAHAN, S K	
STREET ADDRESS	PO BOX 1686 N/A	
CITY-ST-ZIP	EATON PARK FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: **Jeanne C. Malone, Sec/Treasurer** 2/8/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

683-647-3839