

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005409

1. Entity Name

INTERNATIONAL HARVESTER COLLECTORS CLUB, INC.

Principal Place of Business

% CANDY MATTINGLY  
P.O. BOX 21  
SCOTTSMOOR FL 32775-0021

Mailing Address

% CANDY MATTINGLY  
P.O. BOX 21  
SCOTTSMOOR FL 32775-0021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MATTINGLY, CANDY  
5907 US HWY 1  
SCOTTSMOOR FL 32775-0021

4. FEI Number

59-3664198

Applied For

Not Applicable

5. Certificate of Status Desired - ☐

\$8.75 Additional  
Fee Required

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

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

TITLE PD  
NAME HICKS, JIM  
STREET ADDRESS 1200 LUCERNE LOOP RD NE  
CITY-ST-ZIP WINTER HAVEN FL 33881-9330 ☐ Delete

TITLE DV  
NAME ZOBEL, JANET H  
STREET ADDRESS 17764 NW 240TH ST  
CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ Delete

TITLE DS  
NAME ZOBEL, JANET H  
STREET ADDRESS 17764 NW 240TH ST  
CITY-ST-ZIP OKEECHOBEE FL 34972 ☐ Delete

TITLE DT  
NAME MATTINGLY, CANDY  
STREET ADDRESS P.O. BOX 21  
CITY-ST-ZIP SCOTTSMOOR FL 32775-0021 ☐ Delete

TITLE D  
NAME BUTTERFIELD, JOHN  
STREET ADDRESS 501 PEACOCK RD  
CITY-ST-ZIP HOLLY HILL FL 32117 ☐ Delete

TITLE D  
NAME ROOT, ANDY  
STREET ADDRESS P.O. BOX 21  
CITY-ST-ZIP SCOTTSMOOR FL 32775-0021 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Candy Mattingly  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 29, 2002 8:00 am  
Secretary of State

03-29-2002 90799 044 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)