

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90052 005 ****61.25

DOCUMENT # N94000001142

1. Entity Name

KEEP POLK COUNTY BEAUTIFUL, INC.

Principal Place of Business Mailing Address
 1252 GOLFVIEW ~~AV~~ **Av** 1252 GOLFVIEW ~~AV~~ **Av**
 BARTOW FL 33830 BARTOW FL 33830-6738
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3233346** Applied For
 Not Applicable

Zip Country Zip Country

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

CONE, JENNIFER
1252 GOLFVIEW AVE
BATOW FL 33830

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 *Jennifer Cone* 2-2-2000
 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 **\$5.00 May Be**
 Trust Fund Contribution. Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	☐ Delete
NAME	DARNELL, KEVIN	
STREET ADDRESS	1252 GOLFVIEW AVE	
CITY-ST-ZIP	BARTOW FL	
TITLE	PD	☐ Delete
NAME	CONE, JENNIFER	
STREET ADDRESS	1252 GOLFVIEW AVE	
CITY-ST-ZIP	BARTOW FL	
TITLE	TD	☐ Delete
NAME	THAVARAJAH, BERNADETTE	
STREET ADDRESS	1252 GOLFVIEW AVE	
CITY-ST-ZIP	BARTOW FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
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: *Jennifer Cone* 2-2-2000 863) 298-6014

CR2E037 (9/99)