

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90018 045 \*\*\*\*61.25

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**DOCUMENT # N95000002709**

1. Entity Name

**MAIN STREET WINTER HAVEN, INC.**

Principal Place of Business

**505 AVE. A. NW  
101-C  
WINTER HAVEN FL 33881  
US**

Mailing Address

**P.O. BOX 32  
WINTER HAVEN FL 33881  
US**

00000000



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

**59-3319831**

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

**TURNER, MARK G  
255 MAGNOLIA AVENUE S.W.  
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 **P** ☒ Delete  
NAME **FREJO, SANDY**  
STREET ADDRESS **4212ND ST**  
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **P** ☐ Change ☒ Addition  
NAME **WILSON, KERRY**  
STREET ADDRESS **141 5TH ST., NW**  
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **D** ☐ Delete  
NAME **CASEY, KELLY**  
STREET ADDRESS **220 W CENTRAL AVE**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **T** ☐ Change ☒ Addition  
NAME **SHEEHAN, DONNA**  
STREET ADDRESS **210 CYPRESS GARDENS BLDG.**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **D** ☒ Delete  
NAME **KAHLER, JUDY**  
STREET ADDRESS **P.O. BOX 7325 N/A**  
CITY-ST-ZIP **WINTER HAVEN FL 33883**

TITLE **VP** ☐ Change ☒ Addition  
NAME **COMPTON, MIKE**  
STREET ADDRESS **250 MAGNOLIA AVE., SW**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **D** ☐ Delete  
NAME **BECK, DENNIS**  
STREET ADDRESS **11 5TH STREET S.W.**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **D** ☐ Change ☒ Addition  
NAME **SANTIAGO, ALEX**  
STREET ADDRESS **270 AVE. A. NW**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **D** ☒ Delete  
NAME **LOCKHART, STEVE**  
STREET ADDRESS **305 AVE K SE**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **D** ☐ Change ☒ Addition  
NAME **CONE, JENNIFER**  
STREET ADDRESS **215 MAIN ST.**  
CITY-ST-ZIP **AUBURNDALE, FL 33823**

TITLE **VP** ☒ Delete  
NAME **TUTTLE, DAVID**  
STREET ADDRESS **254 CENTRAL AVE W**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **S** ☐ Change ☒ Addition  
NAME **STRANG, BUD**  
STREET ADDRESS **1340 E. LK. CANNON DR.**  
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

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: CARLOS STRANG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01 863-299-1195  
Date Daytime Phone #

CR2E037 (10/00)